

CARDIOPULMONARY RESUSCITATION RECORD

Date 8/13/11 Time Event Recog 0341 Location Ambo Age 52 Weight _____ Length _____
 Was Hospital-Wide Resuscitation Response Activated? ☒ Yes ☐ No
 Condition when Need for Chest Compression / Defibrillation was Identified? ☒ Pulse (poor perfusion) ☐ Pulseless
 Witnessed: ☒ Yes ☐ No Indicate all Monitors that were Present at Onset: ☒ ECG ☒ Pulse Ox ☐ Apnea
 Patient Conscious at Onset: ☒ Yes ☐ No Did the Patient with a Pulse Become Pulseless? ☒ Yes ☐ No

AIRWAY / VENTILATION
 At Onset: ☒ Spontaneous ☐ Apnea ☐ Agonal ☐ Assisted
 Types of Ventilation: ☐ Mouth/Mouth ☐ Mouth/Mask
☒ BVM ☒ ETT ☐ Tracheotomy ☐ Other:
 Time of First Assisted Ventilation: 0335 Size 7.5mm
 ETT Intubation: Time 0335 By Whom: M. Dietrich
 Secondary Confirmation: ☒ Auscultation ☐ Ex. CO₂
☐ Other:

CIRCULATION
 First Documented Rhythm: PTA
 Time Chest Compressions Were Started: PTA
 First Documented Pulseless Rhythm: PTA
 Patient Defibrillated ☐ Yes ☒ No
 If Yes, Time of First Shock: _____
 AED Applied ☒ Yes ☐ No
 AED Shock ☐ Advised ☐ Delivered ☐ 1st Shock
 Pacemaker On ☐ Yes ☒ No

PATIENT
 JAMES, KENNETH WAYNE
 REG ER M/52 Admit: 08/13/11
 MR# L000194299 KNOWLES, HEIDI C
 Acct# L00103392104

Patient Name _____ MR # _____
OUTCOME
 Resuscitation Event Ended @ 0416 Status: ☐ Alive ☒ Dead
 Reason Resuscitation Ended:
☐ Return of Circulation (>20 min.) ☐ Efforts Terminated (No Sustained ROC)
☒ Medical Futility ☐ Restrictions by Family

TIME	RESP.		PULSE	BP	RHYTHM	DEFIB / CARDIOV Joules	AMIODARONE DOSE / IV or IO	ATROPINE DOSE / ROUTE	EPINEPHRINE DOSE / ROUTE	LIDOCAINE DOSE / ROUTE	VASOPRESSIN DOSE / IV or IO	Other	INFUSIONS				DOSE / cc PER HOUR	COMMENTS: (La.: Peripheral / Central Line Placement, IO, Chest Tube, Vital Signs, Response to Interventions)
	SPONTANEOUS/ ASSISTED	SPONTANEOUS/ COMPRESSIONS	DOPAMINE										DOBUTAMINE	EPINEPHRINE	NOREPINEPHRINE			
0353	A	C	C						T Amp									CPR in progress
0355	A	C	C															log to R ET & bloodwork
0356	A	C	C						T Amp									NS started
0359	A	C	C						T Amp									Central line to Rgt. arm
0400	A	C	C						T Amp									ESB 265 off
0401	A	C	C						T Amp									PT activated
0404	A	C	C						T Amp									CPR cont. - P
0405	A	C	C						T Amp									7.5mm ETT 240 lip & color
0407	A	C	C						T Amp									PT activated
0408	A	C	C						T Amp									CPR cont. - P
0409	A	C	C						T Amp									7.5mm ETT 240 lip & color
0410	A	C	C						T Amp									100% O2 240 lip & color - placed
ORDER'S SIGNATURE & ID													PHYSICIAN'S PRINTED NAME		PHYSICIAN'S SIGNATURE			
IC CODE TEAM NURSE'S SIGNATURE																		

PHYSICIAN'S SIGNATURE _____ PHYSICIAN'S PRINTED NAME _____
 N 26232 (Rev. 5/04) Page _____ of _____
 PRRH / PALESTINE REGIONAL MEDICAL CENTER • 2900 S. LOOP 256 • PALESTINE, TX 75801

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CARDIOPULMONARY RESUSCITATION RECORD

Date _____ Time Event Recog. _____ Location _____ Age _____ Weight _____ Length _____	
Was Hospital-Wide Resuscitation Response Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Condition when Need for Chest Compression / Defibrillation was Identified? <input type="checkbox"/> Pulse (poor perfusion) <input type="checkbox"/> Pulseless	
Witnessed: <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate all Monitors that were Present at Onset: <input type="checkbox"/> ECG <input type="checkbox"/> Pulse <input type="checkbox"/> Apnea	
Patient Conscious at Onset: <input type="checkbox"/> Yes <input type="checkbox"/> No Did the Patient with a Pulse Become Pulseless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
AIRWAY / VENTILATION At Onset: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Apnea <input type="checkbox"/> Agonal <input type="checkbox"/> Assisted Types of Ventilation: <input type="checkbox"/> Mouth/Mouth <input type="checkbox"/> Mouth/Mask <input type="checkbox"/> BVM <input type="checkbox"/> ETT <input type="checkbox"/> Tracheotomy <input type="checkbox"/> Other: _____ Time of First Assisted Ventilation: _____ Size _____ ETT Intubation: Time _____ By Whom: _____ Secondary Confirmation: <input type="checkbox"/> Auscultation <input type="checkbox"/> Ex. CO ₂ <input type="checkbox"/> Other: _____	
CIRCULATION First Documented Rhythm: _____ Time Chest Compressions Were Started: _____ First Documented Pulseless Rhythm: _____ Patient Defibrillated <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Time of First Shock: _____ AED Applied <input type="checkbox"/> Yes <input type="checkbox"/> No AED Shock <input type="checkbox"/> Advised <input type="checkbox"/> Delivered <input type="checkbox"/> 1st Shock <input type="checkbox"/> No Pacemaker On <input type="checkbox"/> Yes <input type="checkbox"/> No	
OUTCOME Patient Name _____ MR # _____ Resuscitation Event Ended @ _____ Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead Reason Resuscitation Ended: _____ <input type="checkbox"/> Return of Circulation (>20 min.) <input type="checkbox"/> Efforts Terminated (No Sustained ROC) <input type="checkbox"/> Medical Futility <input type="checkbox"/> Advance Directives <input type="checkbox"/> Restrictions by Family	
COMMENTS: (i.e.: Peripheral / Central Line Placement, IO, Chest Tube, Vital Signs, Response to Interventions) _____ _____ _____	

TIME	RESR	PULSE	BP	RHYTHM	DEBR / CARDIOV	AMIODARONE DOSE / IV or IO	ATROPINE DOSE / ROUTE	EPINEPHRINE DOSE / ROUTE	LIDOCAINE DOSE / ROUTE	VASOPRESSIN DOSE / IV or IO	DOSE / cc PER HOUR				COMMENTS:
											DOBUTAMINE	EPINEPHRINE	NOREPINEPHRINE		
0412	A	2													Rechecked temp 105.3 - R
0413	A	2													Apr cont - R
0416															APR stopped - seen N

RECORDER'S SIGNATURE & ID

 ICU / CODE TEAM NURSE'S SIGNATURE

PHYSICIAN'S PRINTED NAME

PHYSICIAN'S SIGNATURE

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 Page _____ of _____

**EMERGENCY DEPARTMENT
CHEST PAIN NURSING ASSESSMENT****Parastine Regional Medical Center**

Date In: 8/13/2011

Time: 0352

Name: JAMES, KENNETH W

Pt#: L00103392104

Age: 52YRS DOB: [REDACTED]

Sex: M

MR#: L000194299

EDP: KNOWLES, HEIDI

PCP: NO LOCAL DOCTOR

Subjective Notes:

Code Blue, Temp 108 @ Unit

Pain: ☐ Patient denies painLocation: _____ Quality: ☐ Sharp ☐ Dull ☐ Cramping ☐ Burning ☐ Aching

Severity Scale: _____ Onset: _____

Provocation: turnable ☐ Other: _____

Aggravating Factors: _____

Radiating: ☐ No ☐ Yes (see below)☐ Constant ☐ Intermittent

Relieving Factors: _____

PsychosocialAppearance: ☐ Clean ☐ Unkempt ☐ Other _____Environment: ☒ No steps ☐ Few steps ☐ Many stepsMood / Affect / Behavior: ☐ Appropriate ☐ Depressed ☐ AnxiousNutritional status: ☒ Normal ☐ Cachectic ☐ Obese☐ Tearful ☐ Other _____Religious / Cultural preference: ☒ None (specify) _____Caregiver: ☐ Self ☐ Family member ☐ Significant Other ☐ Group homeBest learn by: ☒ Verbal ☐ Written ☐ Return demoActivity level: ☐ Ambulates independently ☐ Requires assistance ☐ Non-ambulatoryLearning Barriers: ☐ TDD phone ☐ Interpreter ☒ Yes☐ Performs ADL's independently ☐ Requires assistance with ADL's☐ Other: _____**Symptoms prior to arrival:** ☐ AsymptomaticMode of Onset: ☒ Sudden ☐ Gradual ☐ IntermittentOnset: Date: 8-13-11 Time: unknown Duration: _____Onset > 24 hrs. medical attention was sought? ☐ No ☐ Yes

Date: _____

Status at onset☒ Rest☐ Exertion☐ Awakened from sleep☐☐**Radiation**☐ Substernal☐ Epigastric☐ Left Chest☐ Right Chest☐ Neck / Jaw☐ Back☐ LUE☐ RUE☐ Shoulder☐**Quality**☐ Pressure / Heavy☐ Burning☐ Sharp / Stabbing☐ Constant☐ Intermittent☐ Indigestion☐ Indescribable☐ Ache☐ Crushing☐**Relief Measures**

Rest

Food

NTG SL

Yes No

☐ ☐☐ ☐☐ ☐☐ ☐**Associated signs and symptoms**☐ Dyspnea☐ Diaphoresis☐ Nausea☐ Vomiting☐ Syncope☐ Near Syncope☐ Palpitations☐ Extreme fatigue**Chest discomfort with**☐ Deep breathing☐ Palpation☐ Changes in position☐ Exercise / Activity**Past Medical History and Risk Factors****PMH from triage**

UNKNOWN

☐ High Cholesterol☐ Peripheral Vascular Disease☐ Previous Cardiac Arrest☐ MI Date: _____☐ Diabetes☐ Angina☐ HTN☐ COPD☐ Pacemaker☐ Family History☐ Smoker: _____ PPD _____ Yrs☐ Other _____**Procedures:**☐ Heart cath☐ Stress Test☐ Angioplasty☐ CABG☐ Other _____

Date

Physical Assessment (Objective)**Heart Sound**☐ WNL ☐ Click / Rub☐ Murmur ☐ Rub☐ Muffled ☐ Other: _____Cap Refill: ☐ < 2 sec. (Normal) ☐ > 2 sec. (Delayed)Edema: ☐ No ☐ Yes Location: _____Degree: ☐ 1+ ☐ 2+ ☐ 3+**Palpation**Chest pain with palpation: ☐ No ☐ Yes Location: _____

Pulses: Carotid

Brachial

Radial

[REDACTED]

S=Strong W=Weak D=Doppler A=Absent

Femoral

Popliteal

Dorsalis Pedis

[REDACTED]

Abdomen☐ Soft ☐ Distended☒ Firm ☐ Non-Tender☐ Rigid ☐ Tender☐ Rebound Tenderness☐ Other: _____Cardiac Rhythm: ☐ NSR ☐ Sinus Bradycardia ☐ Sinus Tachycardia ☐ SVTApical Pulse: _____ SpO2: 100%☒ Other: Asystole☐ Room Air 60% FIO2**System Review****Neurological**☐ Alert☐ Oriented X _____☐ Cooperative☐ Awake but confused☐ Uncooperative☐ Combative☐ Agitated☐ Restrained**Cardiovascular**Skin: ☐ Warm ☒ Dry ☐ Moist ☐ DiaphoreticColor: ☐ Pink ☒ Pale ☐ Ashen ☐ Flushed☐ Cyanotic ☐ Jaundiced**Respiratory**Airway: ☐ Clear ☒ Other: intubatedEffort: ☐ Unlabored ☐ Mildly ☐ Severely☐ Retractions ☐ Stridor ☐ Nasal FlaringLung: ☐ Clear ☐ Wheezing ☐ Crackles☐ Rhonchi ☐ Decreased

Vital Signs: 03:52

T: _____

P: _____

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Signature: Mykaten EN

Rev. 03/05/04

**EMERGENCY DEPARTMENT
MEDICATION ADMINISTRATION RECORD**

Palestine Regional Medical Center

Name: JAMES, KENNETH W

Pt#: L00103392104

Age: 52YRS DOB: [REDACTED]

Sex: M

MR#: L000194299

Date In: 8/13/2011

EDP: KNOWLES, HEIDI

PCP: NO LOCAL DOCTOR

Allergies: UNKNOWN-

INFUSION & INJECTION INTERVENTION

Site	Location	Gauge	Attempts	Initials	Complications / Comments	Date / Time
A	RT ES	16	1	ML		8-13-11
B	Left IO		EMS			

INFUSION < 15 MIN

IV #1: Solution	NS	Flow Rate	Bolus	Hydration	Initial	Sequential	Concurrent
Start	PTA	Stop	0416	Ongoing	Site: A B	Rate chg/Time	Nurse: ML
IV #2: Solution	NS	Flow Rate	Bolus	Hydration	Initial	Sequential	Concurrent
Start	0355	Stop	0416	Ongoing	Site: A B	Rate chg/Time	Nurse: ML
IV #3: Solution		Flow Rate		Hydration	Initial	Sequential	Concurrent
Start		Stop		Ongoing	Site: A B	Rate chg/Time	Nurse: ML
IV #4: Solution		Flow Rate		Hydration	Initial	Sequential	Concurrent
Start		Stop		Ongoing	Site: A B	Rate chg/Time	Nurse: ML

INJECTION < 15 MIN

Medication	EPI	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV Push	Nurse
Medication	EPI	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV Push	Nurse
Medication	EPI	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV Push	Nurse
Medication	Sodium Bicarb	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV Push	Nurse
Medication	EPI	Improved	Worse	Unchanged	Site	Dose	Time	IM	SUBQ	IV Push	Nurse

VACCINATIONS

Influenza (Site)		SUBQ/IM Lot#		Time	VIS Version Given:	Nurse
Pneumovax (Site)		SUBQ/IM Lot#		Time	VIS Version Given:	Nurse
Hepatitis (Site)		SUBQ/IM Lot#		Time	VIS Version Given:	Nurse
Other (Toxoid Name)		SUBQ/IM Lot#		Time	VIS Version Given:	Nurse

Did the patient have a reaction?(circle one) YES / NO If YES, describe in detail

ALL OTHER MEDICATIONS: ORAL, RECTAL, TOPICAL OR INHALATION MEDICATIONS

Medication	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given	Nurse
Medication	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given	Nurse
Medication	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given	Nurse
Medication	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given	Nurse
Medication	Improved	Worse	Unchanged	R	PO	SL	INHAL	TOPICAL	Time given	Nurse

RESPIRATORY INTERVENTIONS BY NURSING PERSONNEL

Aerosol Medications Time given Patient Response Nurse

Was the patient, or family member in the event of a minor, educated on the use of aerosol treatment (circle one) YES / NO Nurse

Nursing #1 Signature

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Date / Time

EMERGENCY DEPARTMENT
MEDICATION ADMINISTRATION RECORD

Palestine Regional Medical Center

Name: JAMES, KENNETH W

Pt#: L00103392104

Age: 52YRS

DOB: [REDACTED]

Sex: M

MR#: L000194299

Date In: 8/13/2011

EDP: KNOWLES, HEIDI

PCP: NO LOCAL DOCTOR

Allergies: UNKNOWN-

INFUSION & INJECTION INTERVENTION

Site	Location	Gauge	Attempts	Initials	Complications / Comments	Date / Time
A	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺	16	2	MC		8-13-11
B						

INFUSION > 15 MIN

IV #1: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start _____ Stop _____ Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____	Nurse _____		
IV #2: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start _____ Stop _____ Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____	Nurse _____		
IV #3: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start _____ Stop _____ Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____	Nurse _____		
IV #4: Solution	Flow Rate	Hydration	Initial	Sequential	Concurrent
Start _____ Stop _____ Ongoing _____	Site: A B Rate chg/Time _____	Rate chg/Time _____	Nurse _____		

INJECTION < 15 MIN

Medication <u>EPI</u>	Improved _____ Worse _____ Unchanged _____	Site <u>A</u>	Dose _____ Time <u>0409</u>	IM SUBQ IV Push	Nurse <u>MC</u>
Medication <u>EPI</u>	Improved _____ Worse _____ Unchanged _____	Site <u>A</u>	Dose _____ Time <u>0407</u>	IM SUBQ IV Push	Nurse <u>MC</u>
Medication <u>Sodium bicarb</u>	Improved _____ Worse _____ Unchanged _____	Site <u>A</u>	Dose _____ Time <u>0408</u>	IM SUBQ IV Push	Nurse <u>MC</u>
Medication <u>EPI</u>	Improved _____ Worse _____ Unchanged _____	Site <u>A</u>	Dose _____ Time <u>0410</u>	IM SUBQ IV Push	Nurse <u>MC</u>
Medication <u>EPI</u>	Improved _____ Worse _____ Unchanged _____	Site <u>A</u>	Dose _____ Time <u>0413</u>	IM SUBQ IV Push	Nurse <u>MC</u>

VACCINATIONS

Influenza (Site) _____	SUBQ/IM Lot# _____	Time _____	VIS Version Given: _____	Nurse _____
Pneumovax (Site) _____	SUBQ/IM Lot# _____	Time _____	VIS Version Given: _____	Nurse _____
Hepatitis (Site) _____	SUBQ/IM Lot# _____	Time _____	VIS Version Given: _____	Nurse _____
Other (Toxoid Name) _____	SUBQ/IM Lot# _____	Time _____	VIS Version Given: _____	Nurse _____

Did the patient have a reaction?(circle one) YES / NO If YES, describe in detail _____

ALL OTHER MEDICATIONS ORAL, RECTAL, TOPICAL OR INHALATION MEDICATIONS

Medication _____	Improved _____ Worse _____ Unchanged _____	R PO SL INHAL TOPICAL	Time given _____	Nurse _____
Medication _____	Improved _____ Worse _____ Unchanged _____	R PO SL INHAL TOPICAL	Time given _____	Nurse _____
Medication _____	Improved _____ Worse _____ Unchanged _____	R PO SL INHAL TOPICAL	Time given _____	Nurse _____
Medication _____	Improved _____ Worse _____ Unchanged _____	R PO SL INHAL TOPICAL	Time given _____	Nurse _____
Medication _____	Improved _____ Worse _____ Unchanged _____	R PO SL INHAL TOPICAL	Time given _____	Nurse _____

RESPIRATORY INTERVENTIONS BY NURSING PERSONNEL

Aerosol Medications _____	Time given _____	Patient Response _____	Nurse _____
Was the patient, or family member in the event of a minor, educated on the use of aerosol treatment (circle one) YES / NO			Nurse _____

Nursing #1 Signature

Date / Time

Nursing #2 Signature

Date / Time

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EMERGENCY DEPARTMENT
FALL / ENTRAPMENT RISK ASSESSMENT**Palestine Regional Medical Center**

Name: **JAMES, KENNETH W** PI#: **L00103392104**
 Age: **52YRS** DOB: **[REDACTED]** Sex: **M** MR#: **L000194299**
 EDMD: **KNOWLES, HEIDI** PMD: **NO LOCAL DOCTOR**

ate In: 8/13/2011

FALL / ENTRAPMENT RISK		Score less than 10 = low risk		Score greater than 10 - high risk for fall (follow hospital protocol)			
	Score	0	1	2	3	4	5
Age	<input checked="" type="radio"/>	Less than 60	80 or over	60 - 69	70 - 79		
Mental Status	<input checked="" type="radio"/>	Oriented or Comatose		Confused 100% of the time	Unable to follow directions	Nighttime or intermittent confusion	
Elimination	<input checked="" type="radio"/>	Continent Independent	Continent		Requires assistance	Incontinent	
Impairments	<input checked="" type="radio"/>	None known		Vision/glasses or hearing/hearing aid	Confined to bed or chair	Blind or deaf	
BP	<input checked="" type="radio"/>	Within normal limits	Systolic BP consistently less than 90	Dizziness with position changes			
Gait / Mobility	<input checked="" type="radio"/>		(1 pt each item) Uses cane/walker Holds furniture Balance problems				History of recent falls (2 or more in past 6 months) = 7 points
Current Medications	<input checked="" type="radio"/>		(1 pt each med) sedatives Narcotics Diuretics Antihypertensives Benzodiazepines Post-anesthesia Psychotropics Laxatives Cathartics				
Predisposition Conditions	<input checked="" type="radio"/>		(1 pt each item) CVA, Hypertension, Dehydration, Seizures, Arthritis, Parkinson's Disease, Loss of limbs, Post-operative (1 pt each)				
Total	<input checked="" type="radio"/>						

Circle each item that applies. Document points in score column. Total at bottom of page.

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ro-MED Forms

A Owens

2011-03304

CERTIFICATE OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

AUG 31 2011
STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-11-107249

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last)

(Maiden)

2. DATE OF DEATH ACTUAL OR PRESUMED

KENNETH WAYNE JAMES

08/13/2011

3. SEX

MALE

4. DATE OF BIRTH

5. AGE-Last Birthday (Years)

52

6. BIRTHPLACE (City & State or Foreign Country)

LUBBOCK, TX

7. SOCIAL SECURITY NUMBER

8. MARITAL STATUS AT TIME OF DEATH

Married

9. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)

CARLETT HUNTER

10a. RESIDENCE STREET ADDRESS

10b. APT. NO.

10c. CITY OR TOWN

1385 FM 3328

10d. COUNTY

10e. STATE

10f. ZIP CODE

10g. INSIDE CITY LIMITS?

ANDERSON

TEXAS

75861

11. FATHER'S NAME

12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE

CLAUDE IVORY JAMES

MARY LOU ROSS

13. PLACE OF DEATH (CHECK ONLY ONE)

14. COUNTY OF DEATH

15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)

16. FACILITY NAME (if not institution, give street address)

ANDERSON

PALESTINE, 75801

PALESTINE REGIONAL MEDICAL CENTER

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED

18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE PRISON -

LISA A D'UNHA

262 FM 3478 STE B, HUNTSVILLE, TX 77320

19. METHOD OF DISPOSITION

20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

21. Section

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

23. LOCATION (City/Town, and State)

24. NAME OF FUNERAL FACILITY

25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)

CARNES - TDCJ

3100 GULF FREEWAY, TEXAS CITY, TX 77591

26. CERTIFIER (Check only one)

27. SIGNATURE OF CERTIFIER

28. DATE CERTIFIED (Mo/Day/Yr)

29. LICENSE NUMBER

30. TIME OF DEATH (Actual or presumed)

JAMES E TODD, BY ELECTRONIC SIGNATURE

08/30/2011

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)

32. TITLE OF CERTIFIER

JAMES E TODD, 600 N CHURCH, PALESTINE, TX 75801

JP

33. PART 1 ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. PENDING INVESTIGATION

Due to (or as a consequence of):

b. Due to (or as a consequence of):

c. Due to (or as a consequence of):

d. Due to (or as a consequence of):

34. WAS AN AUTOPSY PERFORMED?

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

36. MANNER OF DEATH

37. DID TOBACCO USE CONTRIBUTE TO DEATH?

38. IF FEMALE:

39. IF TRANSPORTATION INJURY, SPECIFY:

40a. DATE OF INJURY (Mo/Day/Yr)

40b. TIME OF INJURY

40c. INJURY AT WORK?

40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)

40e. LOCATION (Street and Number, City, State, Zip Code)

40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.

42b. DATE RECEIVED BY LOCAL REGISTRAR

42c. REGISTRAR

REGISTRAR - ANDERSON COUNTY CLERK, ELECTRONICALLY FILED

01-353

08/31/2011

EDR NUMBER 000001004667

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

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GERALDINE R. HARRIS
STATE REGISTRARARU
35.0

1 409 772 5109

AUTOPSY SERVICE:

12 4 p.m. 08-24-2011

3/5

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1726849
 Patient Name: **JAMES KENNETH W**
 Age: 52 YRS DOB [REDACTED] Sex: M Race: B
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/17/11 - 0811
 Copies to:

2011-03304 A
 Owens
 UTMS
 University of Texas Medical Branch

Galveston, Texas 77550-0543
 (409) 772-1238
 Fax (409) 772-5683

Pathology Report

172 6849
PROVISIONAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00174

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS
 Date/Time of Death: 8/13/2011 4:16 Date/Time of Autopsy: 8/17/2011
 Pathologist/Resident: WALKER/XU Service: TDC CONTRACT
 Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

PROVISIONAL AUTOPSY DIAGNOSIS

- I. Body as a whole: Clinical history of hyperthermia, hypertension, depression, back injury, and sudden unexpected death, status post unsuccessful cardiopulmonary resuscitation
 - A. Heart: Cardiomegaly (weight 500 g)
 - B. Heart, ventricle, left: Hypertrophy
 - C. Heart, left ventricle, posterior wall: Mottled myocardium, histology pending
 - D. Coronary arteries: Moderate atherosclerosis
 - E. Aorta, infrarenal segment: Mild atherosclerosis
 - F. Lung, bilateral: Congestion and edema (weight, right 760 g; left 700 g)
 - G. Rib: Fracture with hemorrhage, consistent with cardiopulmonary resuscitation
 1. Left 6th rib: Fracture
- II. Other findings:
 - A. Adrenal gland, right: Cortical adenoma
 - B. Prostate: Mild nodular benign prostatic hyperplasia
 - C. Colon, serosa: Fibrotic adhesions
 - D. Vertebrae, lumbar: Spur
 - E. Ileum: Meckel's diverticulum

The decedent was a 52-year-old black male TDCJ inmate with a past medical history of hypertension (BP, 170/107 mmHg), depression, and back injury who was found unresponsive in his cell at 0300 on 8/13/2011. His body temperature was 108 OF with dry and pale skin. He was transported to Palestine Regional Medical Center at 0352. Despite attempted cardiopulmonary resuscitation, the patient was unable to be revived and was pronounced dead at 0416 on 8/13/2011. A complete autopsy was performed on 8/17/2011.

At autopsy, the aorta revealed mild atherosclerosis, and the coronary arteries exhibited moderate atherosclerosis. The heart demonstrated left ventricular hypertrophy. There was mottled myocardium in posterior wall of left ventricle.

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to modification after microscopic study. This report should not be used for insurance or medicolegal purposes. Final report will follow.

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Patient Name:

Patient Location:

Room/Bed:

Printed Date / Time: JAMES, KENNETH W

AUTOPSY

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1 409 772 5109

AUTOPSY SERVICE

1 .1 p.m. 08-24-2011

1 / 5

Patient Account: 20005972-517
Med. Rec. No.: (0150)1726849
Patient Name: **JAMES, KENNETH W**
Age: 52 YRS DOB: [REDACTED] Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/17/11 - 0811
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Both lungs were congested with edema. There was no pulmonary embolus. The cause of death is likely hyperthermia in a patient with cardiovascular disease.

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JAMES, KENNETH W Page:
AUTOPSY

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AUTOPSY REPORT

12: p.m. 08-24-2011

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Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/17/11 - 0811
Copies: DAVID H. WALKER, M.D., PATHOLOGIST
08/18/11
YX /da

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08/24/11 - 1316

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172 6849

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00174

AUTOPSY INFORMATION:

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FINAL AUTOPSY DIAGNOSIS

- I. Body as a whole: Clinical history of hyperthermia, hypertension, depression, back injury, and sudden unexpected death, status post unsuccessful cardiopulmonary resuscitation C1, 2
- A. Heart: Cardiomegaly (weight 500 g) A3
 - B. Heart, ventricle, left: Hypertrophy A3
 - C. Heart, left ventricle, posterior wall: focal patchy myocardial necrosis A3
 - D. Skeletal muscle: Rhabdomyolysis A3
 - E. Coronary arteries: Moderate atherosclerosis A3
 - F. Aorta, infrarenal segment: Mild atherosclerosis A3
 - 1. Left anterior descending artery: 50% stenosis with atherosclerotic plaque, 2.5 cm from origin A3
 - 2. Left circumflex artery: 50% stenosis with atherosclerotic plaque, 1.8 cm from origin A3
 - 3. Right coronary artery: 30% stenosis with atherosclerotic plaque, 2.0 cm from the origin A3
 - G. Lung, bilateral: Congestion with edema (weight, right 760 g; left 700 g) A3
 - H. Lung, right: Aspiration pneumonia A3
 - I. Ribs: Fracture with hemorrhage, consistent with cardiopulmonary resuscitation
 - 1. Left 6th rib: Fracture A5
- II. Other findings:
- A. Adrenal gland, right: Cortical adenoma A5
 - B. Prostate: Mild nodular benign hyperplasia A5
 - C. Colon, serosa: Fibrotic adhesion A5
 - D. Vertebrae, lumbar: Spurs A5
 - E. Ileum: Meckel's diverticulum A5

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.

IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD; 3-contributory COD; 4-concomitant, significant, but incidental

Patient Name: JAMES, KENNETH W

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CLINICAL SUMMARY:

The decedent was a 52-year-old black male TDCJ inmate with a past medical history of hypertension (BP, 170/107 mmHg), depression, back injury (2002, 2004), and drug abuse (marijuana, cocaine). The list of his medications was: Hydrochlorothiazide, Propranolol, Enalapril, Lisinopril, Cyclobenzaprine (muscle relaxant), Neurontin (Gabapentin), Ultram (opioid analgesic), and Naproxen (nonsteroidal anti-inflammatory drug). On 8/12/2011, he was in clinic for physical examination. He had not been to the pill window to pick up medication since arrival to the Gurney Unit on 8/10/2011. His vital signs were: BP 170/107 mmHg, P 108, R 18, T 96.7. He was treated with Clonidine 0.25 mg at 1155, and his BP went down to 129/74 mmHg with pulse 100 at 1230 on 8/12/2011.

He was found unresponsive with temperature 108 deg F (42.2 deg C) in his cell at 0300 on 8/13/2011. His skin was dry and pale. CPR was initiated, and he was intubated. He was transported to Palestine Regional Medical Center with CPR in progress at 0352. Cardiac monitor showed asystole. CBC at 0357 showed WBC 8.1 x 103/ l, RBC 5.11 x 106/ l, HGB 14.9 g/dl, MCV 88.5, and PLT 94 x 103/ l (PLT clumps). He was given epineprine and sodium bicarbonate. The patient was unable to be revived and was pronounced dead at 0416 on 8/13/2011.

A complete autopsy was performed on 8/17/2011.

YX /da
09/08/11

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Med. Rec. No.: (0150)1726849

Patient Name: JAMES, KENNETH W

Age: 52 YRS DOB: [REDACTED] Sex: M Race: B

Admitting Dr.: OUTSIDE TDCJ

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GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by left toe tag as "James, Kenneth", is a well nourished, well developed, black male, measuring 179 cm in length, and weighing approximately 254 lbs according to recent medical records. The general appearance is consistent with the reported age of 52 years. The body is unclothed. Rigor mortis is present in the arms and legs, and there is fixed lividity on the dorsal surface. The head is normocephalic with essentially no scalp hair anteriorly and with short black and gray scalp hair posteriorly.

The irides are brown with equal pupils measuring 0.4 cm in diameter. The corneas are cloudy, the conjunctivae are congested, and the sclerae are slightly congested and edematous. The nares are patent with no exudate. The patient is partially edentulous. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male. The chest diameters are normally proportioned. The abdomen is slightly protuberant. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The back is unremarkable. The arms and legs are unremarkable. The genitalia are normal male for the age.

The following evidence of medical intervention is present:

1. There is a nasogastric tube in the right nose
2. An intubation tube is in the mouth with holder around the head
3. There are four EKG leads, two on upper chest and another two on left lateral abdominal wall
4. Two AED pads on the chest
5. There is IV line on the right side of the neck
6. Triple lumen IV catheter in the right groin area
7. There is an intraosseous infusion line on the right lower leg

The following marks and scars are present:

1. A well healed longitudinal linear scar on the middle abdominal wall, measuring 30 cm in length with 1.5 cm in width.
2. A well healed oval scar on the left knee medially measuring 1.5 x 0.5 cm.
3. Another oval shaped well healed scar located on the left lower leg medially, measuring 2 x 1.7 cm.
4. A healed scar on the right upper leg laterally, measuring 5 x 2 cm.
5. Two well healed longitudinal linear scars on the lower back, one 7 cm in length, 1 cm in width and another one 3 cm in length and 1 cm in width.

There are multiple tattoos on the body: Tattoo of letters on the upper front

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Patient Name: JAMES, KENNETH W
Age: 52 YRS DOB: 11/25/58 Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
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chest and the letters are Lurlene with two stars on each side; the second tattoo is a design of heart located on the left upper arm laterally; the third tattoo is on the left forearm laterally with the following letters "LEXAS"; the fourth tattoo is naked female upper part of body which is located at right upper arm anteriorly; the sixth tattoo is with the following letters "EBVCK" which is located on the right forearm posteriorly; the seventh tattoo is on the back with the letters "Jims and Mary" which is located on the upper back.

INTERNAL EXAMINATION: The body is opened using a standard Y shaped incision, to reveal a 2.5 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. The left pleural cavity contains 200 ml of bloody fluid, and the right contains 70 ml of similar fluid.

The pericardial sac contains approximately 10 ml of clear yellowish fluid.

The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries.

The abdominal cavity contains no fluid. There are moderate peritoneal adhesions with ascending colon, transverse colon and descending colon adherent to the abdominal wall and to the stomach and mesenteric connective tissue.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 500 gm (normal male 270-360 gm). The pericardium is essentially smooth and glistening with small areas of hemorrhage (possibly due to CPR). There is a moderate amount of epicardial fat. The left and right coronary ostia are identified in the normal locations. The heart is examined by transverse serial slicing of four sections from apex and then opening following the flow of blood. The myocardium is homogeneous red-brown with mottled myocardium in the posterior wall of the left ventricle. The endocardium is normal. The left ventricular wall is 1.5 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous.

Valve circumferences measured on the fresh heart are: tricuspid valve 11.5 cm (normal 12-13 cm), pulmonic valve 8 cm (normal 8.5-9.0 cm), mitral valve 10 cm (normal 10.5-11.0 cm), and aortic valve 8 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is right dominant based on the origin of the posterior descending artery. The apex is supplied by the left anterior descending artery. The coronary arteries reveal moderate atherosclerosis involving left anterior descending artery with 50% stenosis located 2.5 cm from the origin, left circumflex artery with 50% stenosis located 1.8 cm from

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the origin and right coronary artery with 30% stenosis located 2.0 cm from the origin. The aorta exhibits mild atherosclerosis in the arch and aortic root segments. The infrarenal aortic segment exhibits mild atherosclerosis, with less than 10% surface area involved with plaques. The celiac, superior and inferior mesenteric, and renal arteries are unremarkable with minimal atherosclerosis. The bilateral iliac arteries exhibit mild atherosclerosis. The superior and inferior vena cavae and their branches are normal. The portal vein is normal.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is normal, and the vocal cords are normal with no lesions. The tracheal mucosa is normal.

Lungs: The right lung weighs 760 gm (normal male 435 gm), and the left 700 gm (normal male 385 gm). The pleural surfaces are smooth and transparent with a moderate amount of carbon deposition. There are subpleural bullae on the pleural surface of right upper lobe. Lividity is present on the dorsal surface. The left lung is inflated with formalin before sectioning. The bronchial and vascular trees are normal. The hilar nodes are normal. The right and left lung parenchyma is dark red with fine porosity, and without consolidation.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is normal. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue has a finely granular surface with no coating.

Stomach and duodenum: The stomach contains about 100 ml of bloody dark red fluid. The mucosa is dark red.

The duodenal mucosa is normal.

Pancreas: The pancreas has a normal conformation. It is tan-yellow, normally lobulated and firm in consistency. The pancreatic duct is patent.

Biliary tract: The gallbladder serosa is gray-green and glistening. The gallbladder contains about 15 ml of green bile and with no stones. The mucosa is green and velvety. The cystic duct, hepatic duct, and common duct are normal, and bile is expressed freely from the ampulla on compressing the gallbladder.

Liver: The liver weighs 1790 gm (normal male 1400-1900 gm). The liver surface is smooth with a tan-pale area. Glisson's capsule is transparent and glistening. The liver is serially sliced to reveal a homogeneous lobular pattern. The cut surface is normal without lesions.

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Small bowel: The serosa is smooth and transparent with no adhesions. The bowel is normal throughout. The lumen contains green-gray digested food stuff. The mucosa is normal.

Large bowel: The serosa is smooth and transparent with adhesions to the peritoneal wall, stomach and mesentery. The lumen contains loosely formed stool. The mucosa is normal.

The appendix is grossly normal.

Rectum and anus: The rectum and anus are normal.

Reticulo-endothelial System: Spleen: The spleen weighs 120 gm (normal 125-195 gm). It is normal in shape with decreased size. The cut surface is soft and red-purple with no lesions.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are normal.

Spine: Multiple spurs are identified in the lower lumbar spine.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are of normal density.

GENITO-URINARY SYSTEM: Kidneys: The kidneys are symmetric. The right kidney weighs 160 gm and the left 140 gm (normal male 125-170 gm). The capsules strip with ease to reveal dark red cortical surfaces. The cut surfaces reveal well demarcated cortico-medullary junctions. The pelvis and calyces are normal. The renal pelvic mucosa is normal. Perihilar adipose tissue is moderate.

Ureters: The ureters are normal throughout their length, measuring 4.4 cm in maximal external diameter. They are probe-patent into the bladder.

Bladder: The bladder mucosa is trabeculated. The trigone is normal. There is a small area of submucosal hemorrhage, measuring 1.5 x 1.0 cm.

Prostate: The prostate is normal in size, color, consistency, and texture. Serial slicing reveals normal granular surfaces with small nodular architecture. The seminal vesicles are normal.

Testes: The right testis weighs 18.5 gm, and the left 22.3 gm (normal 20-25 gm). The tunica albuginea are tan-white, smooth and glistening. The cut surfaces are soft and tan-yellow, with no lesions.

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ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 23.8 gm (normal 10-22 gm), and is red-brown, bosselated and glistening. The cut surface is homogeneous, translucent, red-brown with no lesions

Parathyroids: Several brown, soft fragments of tissue are collected as possible parathyroids.

Adrenal glands: The right adrenal gland weighs 8.9 gm and the left 8.5 gm (normal 5-6 gm). The adrenal glands have a normal conformation and position. Serial slicing in the transverse plane reveals 1 mm thick firm golden yellow/brown cortices, with gray soft medullae and one golden yellow nodule in the right adrenal gland measuring 1.7 x 1.5 x 1 cm.

BRAIN AND SPINAL CORD: The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1380 gm (normal male 1200-1400 gm). The gyri and sulci display a normal pattern. The leptomeninges are unremarkable. The circle of Willis, basilar and vertebral arteries show no atherosclerosis. No indentation/herniation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The grossly normal pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

Deltoid muscle, psoas muscle and gastrocnemius muscle: The skeletal muscles are grossly normal and samples are collected.

Blood and vitreous samples are collected. Vitreous sample was submitted for analysis of electrolytes and osmolality measurement. Samples of liver, kidney, heart, lung and spleen were frozen for potential further examination.

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MICROSCOPIC DESCRIPTION:

Heart, right and left ventricle, Slides 10-15, (6 H&E) (consultation: Dr. Boor for slide 13, posterior wall of left ventricle):

In the posterior wall of left ventricle, there is focal contraction-band myocardial necrosis in a pattern of patchy-widespread (not associated with ischemic distribution). Cardiomyocytes of left ventricle exhibit hypertrophy. There is no fibrosis in the left and right ventricle.

Left anterior descending coronary artery, Slide 27, (1 H&E):
There is 50% occlusive atherosclerotic plaque.

Left circumflex coronary artery, Slide 28, (1 H&E):
There is 50% occlusive atherosclerotic plaque.

Right coronary artery, Slide 29, (1 H&E):
There is 30% occlusive atherosclerotic plaque.

Lung, left, Slides 16 and 17 (2 H&E, 1 Von-Kossa, 1 DAPI):
The architecture is preserved and demonstrates congestion. In the inner surface of the arterioles and veins, there is a layer of accumulated autolyzed nucleic acids (hematoxylin stained). It is Von-Kossa negative for calcium but DAPI stain positive for nucleic acids which is suggestive of denatured DNA in the vessel. Anthracosis is noted. No inflammation or thrombi are noted.

Lung, right, Slides 18-20 (3 H&E, 1 Acid Fast, 1 GMS and 1 Gram stain):
The architecture is preserved and demonstrates congestion with anthracosis. There is focal hemorrhage, fibrinous exudates and macrophages in the alveolar spaces. There is lymphocytic infiltration and foreign body reaction with multinucleated giant cell formation in the right upper lobe suggesting aspiration pneumonia. Acid fast and GMS stains are negative for organisms. Gram stain shows postmortem bacterial growth in the tissue. No thrombus is noted.

Kidneys, bilateral, Slides 3 and 4, (2 H&E):
There is severe autolysis, but the general architecture is preserved. There are a few completely sclerotic glomeruli. There is interstitial hemorrhage and intraglomerular hemorrhage. The wall of the arterioles is thickened suggesting arteriosclerosis.

Adrenal glands, Slides 1 and 2, (2 H&E):
There is a cortical adenoma in right adrenal gland. There is autolysis but normal architecture without pathologic change in left adrenal gland.

Liver, Slide 5, (1 H&E):
There is mild steatosis. Lymphocytic infiltration in the portal triads. A Russell body is noted in the triad.

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Spleen, Slide 6, (1 H&E):
There is severe congestion. The red pulp is expanded due to congestion, and the white pulp is normal. There is arteriosclerosis.

Pancreas, Slide 7, (1 H&E):
There is severe autolysis but normal architecture without pathologic change.

Thyroid, Slide 7, (1 H&E):
There is no pathologic change.

Parathyroid, Slide 25, (1 H&E):
One piece of parathyroid gland is identified, and there is no pathologic change.

Testes, Slides 1 and 2, (2 H&E):
There is active spermatogenesis, and it is appropriate for given age.

Prostate, Slide 21, (1 H&E):
Benign prostatic hyperplasia.

Urinary bladder, Slide 21, (1 H&E):
There is autolysis. No pathologic change is noted.

Tongue, Slide 8, (1 H&E):
No pathologic change is noted.

Esophagus, Slide 8, (1 H&E):
There is mucosal autolysis but otherwise no pathologic change.

Stomach, Slide 8, (1 H&E):
There is severe autolysis, but the architecture is preserved.

Gallbladder, Slide 9, (1 H&E):
There is severe autolysis with no pathologic change.

Ileum, Slide 9, (1 H&E):
There is severe autolysis with no pathologic change.

Colon, Slide 9 (1 H&E):
There is severe autolysis with no pathologic change.

Bone marrow, Slide 25, (1 H&E):
Cellularity is 40%. Myeloid, erythroid, and thrombocytic lineages are identified.

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Patient Name: **JAMES, KENNETH W**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 09/12/11 - 0717

Page: 6

Patient Account: 20005972-517
Med. Rec. No.: (0150)1726849
Patient Name: **JAMES, KENNETH W**
Age: 52 YRS DOB: [REDACTED] Sex: M Race: B
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date /Time Admitted: 08/17/11 0811
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00174

MICROSCOPIC DESCRIPTION:

Deltoid muscle, Slide 22, (1 H&E) (consultation: Dr. Campbell):
Focal hypercontracted and eosinophilic rhabdomyocytes are noted.

Psoas muscle, Slide 23, (1 H&E) (consultation: Dr. Campbell):
Focal hypercontracted and eosinophilic rhabdomyocytes are noted.

Gastrocnemius muscle, Slide 24, (1 H&E, 1 Masson's Trichrome) (consultation: Dr. Campbell):
Focal hypercontracted myocytes, eosinophilic myocytes, and disorganization of sarcomeres with loss of cross striations indicating myofiber injury. Masson's trichrome stain emphasizes loss of cross striation in necrotic myofibers, with fragmentation in focal myofibers.

YX /da
09/08/11

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-11-00174

CLINICOPATHOLOGIC CORRELATION:

The decedent was a 52-year-old black male TDCJ inmate with a past medical history of hypertension, depression, back injury (2002, 2004), and drug abuse (marijuana, cocaine). The list of his medications was: Hydrochlorothiazide, Propranolol, Enalapril, Lisinopril, Cyclobenzaprine (muscle relaxant), Neurontin (Gabapentin), Ultram (opioid analgesic), and Naproxen (nonsteroidal anti-inflammatory drug, NSIAD). On 8/12/2011, he was treated with Clonidine 0.25 mg at 1155 for BP 170/107 mmHg, and his BP went down to 129/74 mmHg with pulse 100/min at 1230. He was found unresponsive with temperature 108 deg F (42.2 deg C) in his cell at 0300 on 8/13/2011. His skin was dry and pale. CPR was initiated and he was intubated. CBC at 0357 showed WBC 8.1 x 10³/l, RBC 5.11 x 10⁶/l, HGB 14.9 g/dl, MCV 88.5, and Platelet 94 x 10³/l (PLT clumps). He was given epinephrine and sodium bicarbonate. The patient was unable to be revived and was pronounced dead at 0416 on 8/13/2011. A complete autopsy was performed on 8/17/2011.

At autopsy, the aorta revealed mild atherosclerosis, and the coronary arteries exhibited moderate atherosclerosis. The heart demonstrated cardiomegaly and left ventricular hypertrophy. There was focal patchy contraction-band myocardial necrosis in the posterior wall of the left ventricle. Both lungs were congested. Right lung showed focal hemorrhage with aspiration pneumonia. Gastrocnemius muscle demonstrated focal hypercontracted myocytes, eosinophilic myocytes, and disorganization of sarcomeres with loss of cross striation indicating myofiber injury.

Based on this patient's body temperature (42.2 deg C), advanced autolysis of organs, focal patchy myocardial necrosis, rhabdomyolysis, decreased platelet count and no other cause of death. Environmental hyperthermia related heat stroke is considered though toxicology tests and vitreous analysis are still pending. Heat stroke (HS) is a serious and potentially life-threatening condition defined as a core body temperature > 40.6 deg C. Two forms of HS are recognized, classic heat stroke, usually occurring in very young or elderly persons, and exertional heat stroke, more common in physically active individuals. An elevated body temperature and neurologic dysfunction are necessary but not sufficient to diagnose HS. Associated clinical manifestations such as extreme fatigue; hot dry skin or heavy perspiration; nausea; vomiting; diarrhea; disorientation to person, place, or time; dizziness; uncoordinated movements; and reddened face are frequently observed. Potential complications related to severe HS are acute renal failure, disseminated intravascular coagulation, rhabdomyolysis, acute respiratory distress syndrome, acid-base disorders, and electrolyte disturbances. Long-term neurologic sequelae (varying degrees of irreversible brain injury) occur in approximately 20% of patients. The prognosis is optimal when HS is diagnosed early and management with cooling measures and fluid resuscitation and electrolyte replacement begins promptly. The prognosis is poorest when treatment is delayed > 2 hours (1).

Patient Name: **JAMES, KENNETH W**
 Patient Location: **AUTOPSY**
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 Printed Date / Time: 09/12/11 - 0717

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Page: 11

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1726849
 Patient Name: JAMES, KENNETH W
 Age: 52 YRS DOB: Sex: M Race: B
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/17/11 0811
 Copies to:

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 Galveston, Texas 77555-0543
 (409) 772-1238
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00174

CLINICOPATHOLOGIC CORRELATION:

A heat wave is defined as three or more consecutive days of air temperatures > 32.2 deg C. Exposure to excessive heat may cause illness, as heat directly induces tissue injury, the severity of which is dependent upon the critical thermal maximum (i.e., the level and duration of core heating). The critical thermal maximum in humans is a body temperature of 41.6 deg C to 42 deg C for between 45 minutes and 8 hours. At extreme body temperatures (eg, 49 -50 deg C), all cellular structures are destroyed, and cellular necrosis occurs in < 5 minutes (1).

The precise incidence of HS is unknown for many reasons. First, in the United States, heat-related death is not a reportable condition in any state. Second, the definition of HS varies, resulting in underreporting of HS cases. Third, many heat-related illnesses and deaths are unrecognized as such and are not reported. Therefore, the reported incidence of HS in the United States varies from 17.6 to 26.5/100,000. Why some cases progress to HS and others do not is unclear, but it appears that genetic polymorphisms may determine susceptibility; the likely candidate genes include those that encode cytokines, coagulation proteins, and heatshock proteins. Mortality rates for HS range from 10% to 70%, depending on the severity and age of the patient. The greatest numbers of deaths occur when treatment is delayed for >2 hours (1).

This patient had several risk factors of HS: lack of air conditioning, chronic illness, and use of diuretics (Hydrochlorothiazide) and beta blockers (Propranolol). Studies have shown that diuretics and beta blockers may impair thermoregulation (2). In addition, the patient was treated with Clonidine for his hypertension one day before his death. A research group has demonstrated that Clonidine induces hyperthermia in experimental rats at high ambient temperature (3). Confirmation of dehydration was attempted via vitreous humor electrolyte analysis, but the prolonged postmortem interval and putrefaction complicated the assessment.

The cardiovascular system is frequently compromised in HS. The initial response is hyperdynamic, followed by hypotension, tachycardia and tachydysrhythmia (4). There is focal patchy myocardial necrosis in this patient. One study has showed that a subpopulation of HS victims will develop myocardial ischemia (5).

In summary, it is our opinion that the manner of death is natural. The immediate cause of death is most likely environmental hyperthermia-related classic heat stroke though toxicology tests and vitreous humor tests are still pending. Results of the toxicology tests and vitreous humor analysis will be reported as an addendum.

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00174

CLINICOPATHOLOGIC CORRELATION:

References:

- 1.T. Yeo, Heat Stroke, A comprehensive review, AACN Clinical Issues, 2004; 15 (2): 280-293
- 2.Prevention and treatment of heat injury. Med Lett Drugs Ther. 2003; 45:58-60.
- 3.E. Mogilnicka, V. Klimek, G. Nowak, and A. Czyrak, Clonidine and beta-agonists induce hyperthermia in rats at high ambient temperature. J. Neural Transmission 1985; 63, 223-235
- 4.H. Grogan and PM. Hopkins. Heat stroke: implications for critical care and anesthesia. Br J. Anaesth. 2002;88:700-707.
- 5.J.E. Dematte, K. OMara, J. Bueschler. Near-fatal heat stroke during the 1995 heat wave in Chicago. Ann Intern Med. 1998;129:173-181.

YX /da
09/08/11

DAVID H. WALKER, M.D., PATHOLOGIST

(Electronic Signature)

09/09/11

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Patient Name: **JAMES, KENNETH W**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 09/12/11 - 0717

1-409 772 5109

AUTOPSY SERVICES

11 21 a.m. 02-01-2012 1 5500



Certificate of Analysis

Aegis Sciences Corporation
515 Great Circle Road Nashville, TN 37228
(615) 255-2400 - Fax (615) 255-3030
www.aegiscienc.com

Client Information

Client: UTMB - Galveston
Report To: Dr. Welker
UTMB - Galveston
301 University Blvd
Route 0747
Galveston, TX 77555

Work Order / Sample Information

Case ID: AU11-174 James, Kenneth
Reason for Test: Post-mortem
Specimen Type: Femoral Blood

Lab Information

Laboratory ID: 4446206
Collected: 08/17/2011 00:00
Received: 09/07/2011 15:28
Completed: 09/18/2011 14:35
Reported: 09/18/2011 16:05

Test(s) Requested

40610 - ME Targeted Toxicology Profile

70591 - Confirmation Tricyclics

Drug Class	Result	Quantitation	Reporting Threshold
Alcohol - Volatiles	NEGATIVE		10 mg/dL
Acetaminophen	NONE DETECTED		5 mcg/mL
Amphetamines	NONE DETECTED		50 ng/mL
Barbiturates	NONE DETECTED		1 ng/mL
Benzodiazepines	NONE DETECTED		25 ng/mL
Cannabinoids (Marijuana)	NONE DETECTED		1 ng/mL
Cocaine Metabolite	NONE DETECTED		10 ng/mL
Opiates	NONE DETECTED		50 ng/mL
Methadone	NONE DETECTED		50 ng/mL
Meperidine	NONE DETECTED		100 ng/mL
Propoxyphene	NONE DETECTED		100 ng/mL
Fentanyl Analogues	NONE DETECTED		1 ng/mL
Carisoprodol/Meprobamate	NONE DETECTED		200 ng/mL
Fentanyl Group	NONE DETECTED		1 ng/mL
Salicylates	NONE DETECTED		50 mcg/mL
Tricyclic Antidepressants	POSITIVE		
Cyclobenzaprine	POSITIVE	136 ng/mL	50 ng/mL
Amitriptyline	NONE DETECTED		50 ng/mL
Nortriptyline	NONE DETECTED		50 ng/mL
Clomipramine	NONE DETECTED		50 ng/mL
Desmethyldimipramine	NONE DETECTED		50 ng/mL
Doxepin	NONE DETECTED		50 ng/mL
Desmethyldoxepin	NONE DETECTED		50 ng/mL
Imipramine	NONE DETECTED		50 ng/mL
Desipramine	NONE DETECTED		50 ng/mL
Protriptyline	NONE DETECTED		50 ng/mL
Trimipramine	NONE DETECTED		50 ng/mL
Mirtazapine	NONE DETECTED		50 ng/mL

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

* Examiner: Missy Mathis, M.S.

Date: 9/18/2011

Electronic Signature represented by plain text name and date of when individual applied Electronic Signature Certification in Aegis LIMS
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1 409 772 5109

AUTOPSY SERVICES

11 36 a.m. 02-01-2012

2/2/12



Certificate of Analysis

Aegis Sciences Corporation
515 Great Circle Road Nashville, TN 37228
(615) 255-2400 - Fax (615) 255-3010
www.aegislabs.com

Client Information

Client: UTMB - Galveston
Report To: Dr. Walker
UTMB-Galveston
301 University Blvd.
Route 0747
Galveston, TX 77555

Work Order / Sample Information

Case ID: AU11-174 James, Kenneth W.
Reason for Test: Post-mortem
Specimen Type: Vitreous

Lab Information

Laboratory ID: 4446201
Collected: 08/17/2011 00:00
Received: 08/22/2011 11:52
Completed: 09/07/2011 16:40
Reported: 09/07/2011 17:05

Xli Walker

Test(s) Requested

42197 - Vitreous Electrolyte Profile

Drug Class	Result	Quantitation	Reporting Threshold
Vitreous Electrolyte Profile	NONE DETECTED		0.1 mg/dL
Glucose	CANCELLED		20 mg/dL
Blood Urea Nitrogen(BUN)	CANCELLED		1 mg/dL
Sodium(Na)	CANCELLED		1 mmol/L
Potassium(K)	CANCELLED		1 mmol/L
Chloride(Cl)	CANCELLED		1 mmol/L
Carbon Dioxide(CO2)	CANCELLED		1 mmol/L
Creatinine	NONE DETECTED	<1 mg/dL	0.1 mg/dL

Sample Comments

Unable to obtain valid results for the vitreous electrolyte profile.

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

* Examiner Missy Mathis, M.S.

Date: 9/7/2011

* - Electronic Signature represented by plain textual name and date of when individual applied Electronic Signature Certification in Aegis LIMS
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Page 1 of 1

**Texas Department of Criminal Justice
NOTIFICATION OF EMPLOYEE HEARING**

OIG # _____
MAUF/MIUF# _____
EEO# _____

DATE: 09/15/11 EMPLOYEE NAME: Seda, Matthew L SSN: [REDACTED]

UNIT/DEPT.: Joe F. Gurney Unit PAYROLL JOB TITLE: Sergeant Of Correctional Officer

You are scheduled for an Employee Hearing to be held

☒ in person ☐ telephonically ☐ via videoconference at Wardens Office at 7:15 on 09/21/2011
(Location) (am/pm) (mm/dd/yyyy)

The purpose of the Employee Hearing is to consider allegations that you committed the following rule violation(s) as referenced in the Listing of Employee General Rules of Conduct and Disciplinary Violations.

No. L2 #20 Violation: Violation of Statutory Authority/Court Order/Rules/Regulations/Policies
No. _____ Violation: _____
No. _____ Violation: _____

Synopsis of Incident(s): On 08/13/11 Sergeant Seda was notified by Co V Edwards and CO IV Dodd that offender James, Kenneth #1726849 was displaying abnormal behavior and that other offenders in the housing area had reported that he had urinated on himself. Sergeant Seda failed to respond to the building due to an ongoing investigation of a physical altercation in another housing area. The incident, which was the eventual death of offender James, was reported as I-11520-08-11/

The hearing shall be conducted in accordance with the PERS 560, Guidelines for Employee Hearings and a copy of these guidelines is being provided to you. These guidelines provide information relating to scheduling extensions, representatives, witnesses and other related matters.

I ☒ do ☐ do not wish to appear at the Employee Hearing. I understand my failure to appear may constitute a waiver of the right to an Employee Hearing, and the Employee Hearing may be conducted in absentia.

☐ I wish to waive the 24-hour Notice of Employee Hearing. I understand the Reprimanding Authority or designee may reschedule the hearing to be held earlier than the date and time indicated above. If I have indicated that I wish to appear at the Employee Hearing, I shall be notified in writing of the rescheduled time and date prior to the hearing.

☒ I do not wish to waive the 24-hour Notice of Employee Hearing.

Today's Date: 09-16-11 If Notified in Person, Time Notified: 10:07 ☒ A.M. ☐ P.M.

[Signature]
Employee Signature

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the Agency collects about you; and (2) under Texas Government Code §§552.021 and 552.023, to receive and review the collected information. Under Texas Government Code §559.004 you are also entitled to request, in accordance with the Agency's procedures, that incorrect information the Agency has collected about you be corrected.

Notification of Rescheduled Employee Hearing:

The Reprimanding Authority or designee has rescheduled the hearing to be held at a different date and time than indicated above. (If later, and outside the applicable scheduling time frame, attach justification.)

The rescheduled hearing shall be held at: _____ at _____ on _____
(Location) (am/pm) (mm/dd/yyyy) (Employee Initials/Date & Time [am/pm])

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PERS 184 (01/09)

**Texas Department of Criminal Justice
GUIDELINES FOR EMPLOYEE HEARINGS**


Employee Name: Seda Matthew L SSN: [REDACTED]
Last First MI

1. Request for an Extension: If you are on approved sick leave at the time the PERS 184, Notification of Employee Hearing was provided to you, you may make a one-time request for the Employee Hearing date to be rescheduled within 30 calendar days. This request shall be made within 48 hours of receipt of this form, made in writing or made verbally with a written follow-up. You must state the specific reason an extension is necessary. The Reprimanding Authority may deny the request; however, the Reprimanding Authority shall provide you with a written explanation for denying the request.
2. Presenting Your Defense and Use of a Representative: During the Employee Hearing, you may elect to speak for yourself or be represented at the Employee Hearing by a designee of your choice, as long as your representative: (1) does not claim the right to strike; and (2) is not an individual under the supervision, custody or incarceration of the TDCJ. The designation of a representative does not prohibit you from: (1) attending or having input into the Employee Hearing; or (2) responding to questions from the Reprimanding Authority or designee, or your designated representative.
 - a. An Employee Hearing is administrative in nature and is not subject to common law or statutory rules of evidence. Objections at the Employee Hearing by you or your representative shall be limited to Agency policy and procedural issues that pertain to the Employee Hearing.
 - b. At the beginning of the Employee Hearing, you must specify whether your representative is the party responsible for presenting your defense. Both you and your representative may provide information to the Reprimanding Authority for consideration. However, only one (1) person may be designated as the party responsible for presenting your defense, and only one (1) person may speak at a time. Regardless of the party responsible for presenting your defense, you and your representative shall be allowed to have quiet conversations regarding information that may be provided to the Reprimanding Authority.
3. Witnesses on Your Behalf: You may elect to have witnesses with first-hand knowledge of the events under review provide testimony on your behalf. The Agency is under no obligation to interview or consider testimony from character witnesses or witnesses with "hearsay" information. Prior to the hearing, it is your responsibility to: (1) obtain statements from witnesses for presentation at the Employee Hearing; (2) provide any written questions for witnesses to the Reprimanding Authority; or (3) arrange for witnesses to be available to present testimony during the hearing at the Reprimanding Authority's discretion. If you provide written questions, the Reprimanding Authority or designee is not required to ask these questions. If the Reprimanding Authority elects to ask the witnesses these questions, this may occur prior to or after the Employee Hearing. If witnesses are available to appear in person at the Employee Hearing, the Reprimanding Authority has the discretion to determine whether the witnesses are questioned. Witnesses who are available to appear on the employee's behalf shall be available at no expense to the Agency other than the recording of such time as time is spent.
4. Witnesses Appearing on Behalf of the Reprimanding Authority: At the Reprimanding Authority's discretion, you may be allowed to ask questions of a person(s) who appears at the Employee Hearing as a witness(es) against you.
5. Conduct by Participants: All parties, including your representative, shall conduct themselves in a professional manner and afford the persons present due respect. Only one (1) reminder of the conduct expected at the Employee Hearing may be issued. The offending party may be required to leave the proceedings if conduct that is contradictory to these guidelines continues. If you or your representative leaves during the proceedings, the Employee Hearing may be conducted and concluded in your or your representative's absence.
6. Recording of an Employee Hearing: Audio taping, video taping or verbatim written recording of an Employee Hearing is not permitted. Note taking is permissible.
7. Americans with Disabilities Act (ADA) Accommodation: You may notify the TDCJ ADA Coordinator, Human Resources Division, if you require an accommodation.

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PERS 560 (01/09)

8. Time Reporting/Expenses:
- Your attendance at the Employee Hearing or attendance by an employee acting as a witness shall be considered official business, and you and any employee acting as a witness shall be released by the supervisor on paid time during working hours. You and any employee acting as a witness are required to provide sufficient advance notice to the supervisor to ensure adequate staffing.
 - There is no authority for the Agency to pay compensation to or reimburse the expenses of a representative, whether the representative is a state employee or an individual from outside state service. Appearance as a representative at an Employee Hearing shall not be considered official business. If an employee acting as a representative attends an Employee Hearing held during working hours, that employee must obtain prior approval to use accrued leave or, if accrued leave is not available, leave without pay to attend the Employee Hearing.
9. Copies of Investigative Files: At the time of this notification, you were provided a copy of the applicable pre-hearing investigation report along with support documentation that is subject to disclosure and being used as evidence. In order to obtain copies of evidence that is not subject to disclosure (e.g., confidential portions of OIG and EEO reports), you must request the documents in writing through a Public Information request. The request shall be processed in accordance with the rules governing a Public Information request, and the requested documents may not be available before the Employee Hearing.
10. Dismissal Recommended: If the Employee Hearing results in a dismissal recommendation, you shall have the opportunity to request independent dismissal mediation in accordance with PD-35, "Independent Dismissal Mediation and Dispute Resolution."
11. Grievance: You may submit a grievance in accordance with PD-30, "Employee Grievance Procedures" relating to disciplinary action after it has been imposed.


Employee Signature

09/16/2011
(mm/dd/yyyy)

Texas Department of Criminal Justice
EMPLOYEE OFFENSE AND PRE-HEARING INVESTIGATION REPORT

Purpose: This form shall be used to record alleged violations of rules or regulations by employees. It shall also serve as a pre-hearing investigation report. If additional space is needed for any portion of this report, a continuation sheet may be attached.

I. To be completed by the Charging Official:

Employee Name: Seda Matthew L SSN: _____
Last First MI

Payroll _____ Date(s) of _____
Job Title: Sergeant of Correctional Officers Incident(s): August 13, 2011
(mm/dd/yyyy)

Description of employee's specific conduct (do not reference Rule No. or describe the rule): Sergeant Matthew Seda was notified by Correctional Officer V Doris Edwards and Correctional Officer IV Revoyda Dodd that offender James, Kenneth #1726849 was displaying abnormal behavior and that other offenders in the housing area had reported that he had urinated on himself. Sergeant Seda failed to respond to the building due to an ongoing investigation of a physical altercation in another housing area. The incident, which was the eventual death of offender James, was reported as I-11520-08-1. See attached IOC for additional information.

The employee's conduct may be a violation of Rule No.: #20 - Violation of Policy

Ricky Minton, Lieutenant RM September 14, 2011
Charging Official Name/Title (print) Signature Date
August 13, 2011

II. Employee's Statement: The pre-hearing investigator shall obtain an employee's statement even when a Use of Force (UOF) Fact-Finding Inquiry, Risk Management Incident Review Board or Office of the Inspector General (OIG) investigation has been conducted. I SERGEANT MATTHEW SEDA

STAND BY MY ORIGINAL STATEMENT AND TAKE ALL RESPONSIBILITY
FOR MY DECISIONS. I WOULD ALSO LIKE TO STATE
THAT OFFICERS DODD AND EDWARDS DID INFORM ME OF
OFFENDER JAMES AND THAT MY LACK OF PROPER PRIORITIZING
BETWEEN AN OFFENDER FIGHT ALTERCATION AND AN OFFENDER
WITH POSSIBLE HEAT RELATED ISSUES SHOULD BE MY RESPONSIBILITY AND NOT
THEIRS.

Employee's Signature: Matthew Seda Date: 09.14.2011

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the Agency collects about you; and (2) under Texas Government Code §§552.021 and 552.023, to receive and review the collected information. Under Texas Government Code §559.004 you are also entitled to request, in accordance with the Agency's procedures, that incorrect information the Agency has collected about you be corrected. Copy of OIG case to Litigation Support on 04.19.2013 by ce.
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DDPS 225 (01/09)

**Texas Department of Criminal Justice
EMPLOYEE OFFENSE AND PRE-HEARING INVESTIGATION REPORT**

IV. Pre-Hearing Investigator's Review/Recommendation:

An Employee Pre-Hearing Investigation Report (i.e., EPHIR) was conducted on 14 September 2011 regarding Sgt. Seda's failure to respond in a timely and appropriate manner to an offender with heat extreme symptoms that resulted in death (Offender James, Kenneth #1726849). The EPHIR relied on statement(s) submitted by staff, the Incident Report # I-11520-08-11, and Sgt. Seda's Employee Statement from Section II. of the EPHIR.

The EPHIR established:

1. Sgt. Seda was informed at 0020 hrs by Officer Edwards that offender James #1726849 was exhibiting abnormal behavior and appeared disoriented and may have urinated on himself;
2. Officer Dodd made an additional report to Sgt. Seda regarding offender James #1726849. Sgt. Seda instructed Officer Dodd to leave the offender in the dorm and he would respond as soon as possible;
3. At 0235 hrs Sgt. Seda responded to a radio request for additional staff from A1-Building where offender James #1726849 was housed and experiencing a medical emergency;
4. Officers Edwards and Dodd reported to Sgt. Seda that offender James appeared dizzy, confused, and possibly had urinated on himself, symptoms that suggest heat related illness or other appropriate medical emergency (i.e., seizure or stroke, etc.); and,
5. Sgt. Seda failed to adhere to Agency Policy (AD-10.64 [rev. 6]) Temperature Extremes in the TDCJ Workplace, Section IV.A. ([1] *the first aid process shall be initiated immediately by security or other unit staff.*)

It should be noted that Sgt. Seda was responding to unit count (bed-book) as well as a fight and its subsequent investigation to determine assailant and victim. Sgt. Seda's actions on the night in question suggest that he failed to properly prioritize his response to the medical emergency regarding offender James #1726849 in a timely manner as dictated in AD-10.64 rev. 6.

Based on the statements provided by staff, Incident Report #I-11520-08-11, and Sgt. Seda's employee statement, the Pre-Hearing Investigator recommends disciplinary action for the following violation of Agency Policy:

PD-22, Rule #20, Violation of Statutory Authority/Rules, Level 2.

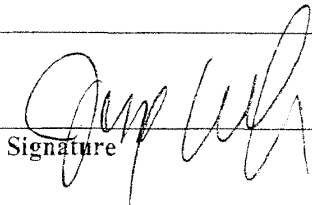
III. Witnesses: See attached.

IV. Pre-Hearing Investigator's Review/Recommendation:

Employee Hearing: ☒ Yes ☐ No If Yes, Alleged Rule Violation No(s): _____

Comments: _____

(See attached)

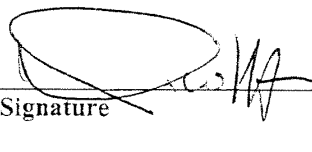
Jesse H. Wicks, Asst. Warden  9/14/11
Investigator's Name/Title (print) Signature Date

V. Reprimanding Authority's Action:

☒ Proceed to Employee Hearing Alleged Rule Violation No(s): 20

☐ No Employee Hearing and no action taken

☐ No Employee Hearing and other action taken (e.g., dispute resolution, training). Attach explanation of action taken.

Dennis Miller, Warden  9/15/11
Reprimanding Authority's Name/Title (print) Signature Date



Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To	<u>Reprimanding Authority</u> Joe F. Gurney Transfer Facility	Date	<u>September 14, 2011</u>
From	<u>Ricky Minton, Lieutenant</u> <i>RM</i> Joe F. Gurney Transfer Facility	Subject	<u>Employee Offense Report:</u> Sergeant Matthew L. Seda

On August 13, 2011 at 0416 hours, offender James, Kenneth #1726849 was pronounced deceased by Medical Doctor Heidi Knowles at Palestine Regional Medical Center. The death of offender James was reported as incident number I-11520-08-11 and an Administrative Review was conducted according to agency policy. During the Administrative Review, it was determined that Sergeant Matthew L. Seda violated agency policy as it relates to the subsequent response to the incident once it became known to security staff that offender James was in distress and may need medical attention.

On August 13 at approximately 0020 hours, Correctional Officer V Doris Edwards, assigned to B1-Building, reported to Sergeant Seda that offender James, who was housed in B3-Dorm on B1-Building, was exhibiting abnormal behavior, specifically, that he appeared disoriented and that he may have urinated on himself. Sergeant Seda, who was assisting with the unit count, after confirming that offender James was in a secure area, instructed Officer Edwards to maintain a visual on offender James and indicated that he would respond shortly.

After the initial notification by Officer Edwards, Correctional Officer V Robert Tatum, assigned as a correctional officer in the Food Service Department, reported an injury to a food service offender worker which was consistent with having been involved in a physical altercation. The offender, housed on A1-Building, was instructed to wait in the hallway immediately outside of the Building Lieutenant's Office until an investigation could be initiated into his injuries.

Following Sergeant Seda's discussion with Officer Tatum, Correctional Officer IV Revoyda Dodd, also assigned to B1-Building, made an additional report regarding the behavior of offender James. Sergeant Seda instructed Officer Dodd to leave offender James in the dorm and that he would respond as soon as possible and that if the situation regarding offender James' condition should change and warrant a more immediate response, to notify him.

At approximately 0035 hours, immediately following the conclusion of the unit count, Sergeant Seda made contact with the offender who had been involved in the physical altercation and began questioning the offender regarding the circumstances of that physical altercation. When the offender refused to identify the other participant in the physical altercation, Sergeant Seda proceeded to A1-Building thus failing to respond to the report of abnormal behavior of offender James.

September 14, 2011

Employee Offense Report: Sergeant Matthew L. Seda

Page 2 of 3

At approximately 0235 hours, the investigation into the physical altercation produced the identity of the other participant. As Sergeant Seda was exiting A1-Building, a request for additional staff on B1-Building was heard via radio at which time Sergeant Seda responded.

Offender James was moved to the Gurney Unit Medical Department where, due to no on-site medical staff, Beto Unit Medical Department was contacted. Upon instructions from Beto Unit medical staff, Emergency Medical Services were contacted and offender James was transported to Palestine Regional Medical Center where, at approximately 0416 hours, he was pronounced deceased. There are indications that the death of offender James may be heat related.

AD-10.64 (rev. 6) *Temperature Extremes in the TDCJ Workplace*, section IV.A reads:

"In all cases of temperature related incidents or injuries: (1) The first aid process shall be initiated immediately by security or other unit staff. (2) Medical staff and the unit risk manager shall be notified immediately."

On May 11, 2011, Sergeant Seda acknowledged by his signature that he was trained on AD-10.64 (rev. 6) and the dangers of extreme temperatures to include the warning signs of heat exhaustion and the appropriate response to heat related injuries. *See Employee Training Acknowledgement Form, May 11, 2011. Also, see copy of AD-10.64 (rev. 6) Temperature Extremes in TDCJ Workplace.*

Sergeant Seda reported in his statement on the date of the incident that Officer Edwards and Officer Dodd reported that offender James appeared dizzy and had possibly urinated on himself. The appearance of dizziness, loss of coordination and confusion are clear symptoms of a possible heat related illness and appears on the heat related illness cards that all staff are required to carry on their person. *See written statements of Sergeant Seda, Officer Edwards and Officer Dodd, August 13, 2011. Also, see copy of heat illness card.*

While true that it may be impossible to say with any degree of certainty that a more immediate response would have resulted in offender James' survival, it is equally impossible to say that a more immediate response would have not resulted in his survival.

Sergeant Seda's actions, by failing to immediately respond to the incident and initiate first aid procedures for offender James was a violation of PD-22 *General Rules of Conduct for Employees*, specifically:

Rule No. 20: Violation of Statutory Authority/Court Order/Rules/Regulations/Policies:

It is the employee's responsibility to know, have a clear understanding of and comply with rules, regulations, policies, court orders and statutory authority governing the operation of the Agency. Not being aware of the existence of any of the aforementioned is not a defense for violation of the same.

The specific policy violated in this case, as stated, was the failure to immediately respond to the housing area and initiate the first aid process for offender James.

September 14, 2011
Employee Offense Report: Sergeant Matthew L. Seda

Page 3 of 3

This report is submitted to the unit reprimanding authority for review and disposition as appropriate.



Ricky Minton, Lieutenant
Joe F. Gurney Transfer Facility

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Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To	<u>Toby Whitfield, Lieutenant</u> <u>Joe F. Gurney Transfer Facility</u>	Date	<u>August 13, 2011</u>
From	<u>Matthew Seda, Sergeant MS</u> <u>Joe F. Gurney Transfer Facility</u>	Subject	<u>I-11520-08-11</u>

On August 13, 2011 at approximately 0020hours, I, Sergeant Matthew Seda, was in the Building Lieutenant's Office assisting with the unit count. This was a bed book count which required that assist by verifying the first count sheets that are turned in and then conducting a thorough check of the bed book rosters to ensure that all offenders were accurately accounted for in my area of assignment, the West End of the facility.

During this count, Officer Doris Edwards, CO V called and notified me that an offender on B1-Building later identified as offender James, Kenneth #1726849, appeared dizzy and may have urinated on himself. After verifying that the offender was in a secured area, I instructed Officer Edwards to maintain a visual on the offender and that I would respond when able. If the situation warranted a more immediate response that she was to let me know.

After talking to her, Officer Robert Tatum, CO IV entered the Building Lieutenant's Office accompanied by an offender who works for him in the Food Service Department, and reported that he had injuries consistent with having been involved in a recent physical altercation.

Immediately after the report by Officer Tatum, Officer Revoyda Dodd, CO IV, while calling in he count, notified me of similar behavior of offender James and was provided the same instructions.

Officer Edwards and Officer Dodd were instructed to notify me if the situation required an immediate response.

During this time, Sergeant Tully Flowers was also assisting with the unit count, conducting the same verifications of count sheets for the East End of the facility.

At 0035 hours, the unit count cleared. Upon exiting the Building Lieutenant's Office, I encountered the offender that was involved in the physical altercation on A1-Building and began questioning him regarding the circumstances and identity of the other assailant involved in the physical altercation. I then proceeded to A1-Building to investigate further and identify the other involved offender. In doing so, I forgot about the previous report involving offender James on B1-Building.

At approximately 0235 hours, the other participant in the physical altercation was identified and was being escorted from the building when Lieutenant Toby Whitfield, via radio, alerted staff that a wheelchair was needed on B1-Building. Along with Sgt. Flowers, I proceeded to B1-Building where.

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August 13, 2011
 Lt. Toby Whitfield
 J-11520-08-11

Page 2 of 3

upon arrival, I found offender James in the dayroom area of B3-Dorm standing next to the benches. Upon entering B3-Dorm and making contact with offender James, he kneeled to his knees. Officer Ronald Burt, CO V entered the building followed shortly afterwards by Officer Torrance Stephens, CO V and Officer Kenneth Mangan, CO IV with a wheelchair. Officer Burt and Officer Stephens assisted offender James into the wheelchair and he was moved to the Gurney Unit Medical Department.

Once in the medical department, Sgt. Flowers contacted on-call medical staff at the Beto Unit, due to no on-site medical. Sgt. Flowers stated that he was instructed by Licensed Vocational Nurse Linda McKnight to obtain the offenders vitals. Officer Burt, on Sgt. Flower's instructions, obtained the vitals and reported a temperature of 108 and blood pressure of 89/57. Sgt. Flowers then stated that LVN McKnight had requested that offender James be transported to her location for examination. As offender James was being prepared for transport, he bent over in the wheelchair and became unresponsive. Lt. Whitfield was immediately notified who immediately requested that Central Control request Emergency Medical Services by 9-1-1. Lt. Whitfield reported to the medical department and instructed me to place offender James on a gurney in the emergency room. Officer Stephens moved offender James, by pushing the wheelchair, into the emergency room where I, Lt. Whitfield, and Officer Vincent McKnight, CO V lifted the offender from the wheelchair and placed him on the gurney.

While offender James was on the gurney, his eyes were open but he appeared disoriented. He was taking shallow breaths and, upon checking, Lt. Whitfield indicated that offender James did have a pulse. As a result, Cardiopulmonary Resuscitation was not initiated and offender James was closely monitored until arrival of EMS.

Lt. Whitfield instructed me to notify Warden Dennis Miller of the off-unit transport by EMS; Warden Miller was notified at 0305 hours.

At approximately 0320 hours, EMS arrived and began evaluating offender James' condition. After connecting their equipment which required affixing adhesive pads to offender James' upper body, the EMS requested assistance in moving offender James to their gurney, with Lt. Whitfield assisting in that process. EMS personnel then moved offender James to the ambulance where he was placed inside. One of the EMS personnel requested assistance from an officer. Officer McKnight entered the ambulance and was provided a breathing bag by EMS personnel and, upon instruction, began pumping air into offender James lungs. EMS personnel would stop Officer McKnight's actions in increments so that a tube could be inserted into his mouth, to no avail.

The ambulance remained at the back door of the medical department for several minutes. At 0338 hours the ambulance departs the unit.

Lt. Whitfield instructed me, along with Officer Burt, to go to Palestine Regional Medical Center ("PRMC") via unit van. At 0405 hours, we arrived at PRMC, where offender James was placed in Exam Room #1. PRMC medical staff began life saving measures and at 0410 hours, report offender James has a pulse.

At 0416 hours, Doctor Heidi Knowles pronounced offender James deceased. I immediately notified Lt. Whitfield and am instructed to remain with the body until the body is removed from the unit.

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August 13, 2011
Lt. Toby Whitfield
T-11520-08-11

Page 3 of 3

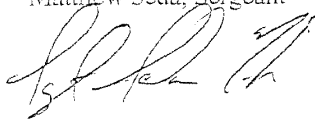
At 0500 hours, Precinct #4 Justice of the Peace James Todd arrived and began his documentation. At 0511 hours, Investigator Mark Owens of the Office of the Inspector General arrived and began his report and obtained photographs. They leave shortly after their arrival.

At approximately 0530 hours, Officer McKnight and Officer Burt depart PRMC enroute back to the facility.

I remained with the remains until Officer John Crawford, CO V relieved me at 0700 hours, at which time; I obtained a total of six (6) digital photos of the offender.

I then returned to the Gurney Unit to provide a statement of my actions in this incident.

Matthew Seda, Sergeant



Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To Lieutenant Toby Whitfield Date August 13, 2011
From Revoyda Dodd, COIV Subject Offender James, Kenneth #1726849

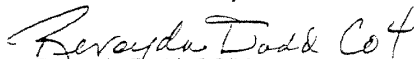
At approximately 2200 hours I, Revoyda Dodd COIV reported to my assigned duty post on B1-building as the control picket officer. At approximately 0015 hours I was conducting a bed book count in B3-dormitory. When I arrived around B323 bunk, the offenders around 23-bunk, informed me that offender James, Kenneth #1726849 had urinated on himself. I approached B3-23 bunk and identified him by his TDCJ-ID card for the purpose of the bed book count.

The offender was lying in his assigned bunk. The offender was restless and was moving around in his bunk and did not notice any urine on the offender at this time. I completed my bed book count for the rest of the building and before returned to the control picket I went back into B3-dormitory due to several offenders not being properly dressed in the dayroom. Shortly afterwards, I was in the control picket and noticed offender James sitting on the toilet in the restroom area. I then observed the offender leaving the restroom area. While he was walking, he bumped into the wall of the restroom, urinal and began to stumble. The offender made it back to his living area and fell into his bunk. I asked Officer Doris Edwards if she seen what the offender did. I notified Sergeant Matthaw Seda that the offender appeared to be drunk or on some kind of medication.

I went on with my normal duties in the control picket and continued to monitor offender activity in the dorm.

When Officer Glorie Harris came into the building, she noticed the offender in the dayroom and called Lieutenant Toby Whitfield on the radio. The offender was standing in the dayroom and would not respond to her questions. Shortly afterwards, Sergeant Tully Flowers, Sergeant Seda, Officers Ronald Burt COV, Kenneth Mangan COIV, and Torrance Stephens COV arrived on the building with a wheelchair. The offender was placed in the wheelchair and transported out of the building.

I then returned to my normal duties.


Revoyda Dodd, COIV
Joe F. Gurney Transfer Facility

Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To Lieutenant Toby Whitfield Date August 13, 2011
From Doris Edwards, COV Subject Offender James, Kenneth #1726849

At approximately 1800 hours I, Officer Doris Edwards COV was assigned to the control picket of B1-building. When I arrived on the Officer Brandon Matthews was in the control picket. I began to inventory the equipment on the building. At no time while first shift officers were on the building was I notified of any offenders being ill.

Until the special bed book count, at no time did I observe offender James, Kenneth #1726849 in any kind of distress.

At approximately 0005 hours, I conducted the count on B1-building. When I entered B3-dormitory, the offenders in the dorm told me that offender James was in his bed and urinated on himself. When I went over to his bunk the offender didn't say anything about urinating on himself. When I looked at him, he looked back at me. He did not look to be in distress at this time.

While Officer Revoyda Dodd COIV was conducting the bed book count, I observed the offender go to the restroom area and back to his bunk area. He appeared to be dizzy while he was walking, he was wobbling back and forth as he was walking. Offenders in the housing area came up to the intercom and told me that offender James was sick.

While I was calling in the count, I notified Sergeant Matthew Seda and he informed me to keep an eye on the offender.

After Sergeant Seda told me to watch the offender, I did not notice any more abnormal behavior from the offender.

Shortly afterwards, Officer Glorie Harris COIV entered the building after coming in from the outside perimeter picket. I notified her that other offenders in the dorm stated that offender James had urinated by his bunk and was not urinating in the urinal.

At approximately 0200 hours, I exited the building to assist with other activities that were taking place on the unit.

At approximately 0240 hours, I was on the main hallway when Officer Torrance Stephens COV was pushing offender James in a wheelchair toward the unit infirmary. The offender was sitting up.

I remained on the main hallway.

Doris Edwards COV
Doris Edwards, COV
Joe F. Gurney Transfer Facility

SO-4

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RECOGNITION OF HEAT ILLNESS

HEAT EXHAUSTION

- Weakness, anxiety, fatigue, dizziness, headache, nausea
- Profuse sweating, rapid pulse, rapid breathing
- Possible confusion or loss of coordination
- May lead to heat stroke if not treated

HEAT COLLAPSE

- Sudden collapse, brief duration
- Skin cold and clammy
- May lead to heat stroke if not treated

HEAT STROKE

- Headache
- Gooseflesh, chills
- Unsteady gait
- Incoherent speech progressing to coma
- Rapid pulse
- Skin hot and dry

TREATMENT AND PREVENTION

TREATMENT OF HEAT ILLNESS (ALL TYPES)

- Move person out of direct sunlight into air-conditioned environment if possible
- Remove clothing, maintaining modesty
- Have them drink water if conscious
- Sprinkle water on them; fan them if there is no breeze
- Get medical attention ASAP

HIGHER RISK FOR HEAT ILLNESS

- Newly assigned to job
- On psychiatric medications
- Over age 60
- High temperature and humidity conditions
- No breeze

PREVENTION OF HEAT ILLNESS

- Drink at least ½ cup of water ever 15 minutes when working in hot environments
- Take a 5 minute break every 30-60 minutes
- Decrease intensity of work under extreme conditions

**Texas Department of Criminal Justice
Correctional Institutional Division**
Employee Training Acknowledgment Form

RECEIVED
MAY 23 2011
U.R.N.

To: The Unit Risk ManagerDate: 5/11/11From: L. Davis C05Subject: Safety Training

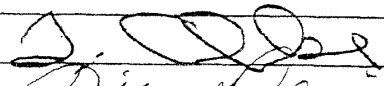

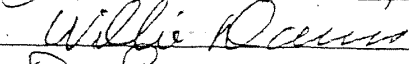
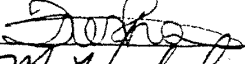
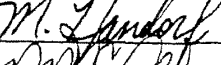

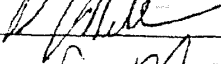
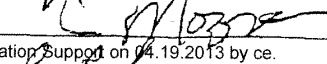
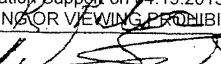

☐ Initial Training
☒ Monthly Training

☐ Target Training
☐ Annual Training

Department: Intake ReceivingShift: 1st H cardDate(s) training was conducted: 5/11/11Length of training: 5 minutesConducted by: (Print name) Hot L. Davis C05Topic: Hot weather

Main points of discussion: To determine the heat index which is a factor in determining safe hot weather working conditions. When the temp. is over 85 degrees the warden shall determine whether or not the environment is safe by referring to the heat and humidity matrix (B).

Number of employees assigned: 14 Number of employees trained: 14Be aware of heat exhaustion, or heat stroke

Name (print)		Signature
Abke G.	8/12	
Davis L.	6/03	
Davis W.	4/25	
Freshour S.	11/08	
Handert M.	6/28	
McClure N.	7/09	
Miller R.	4/09	
Moore C.	1/02	
Parker R.		
Seaton W.	8/12	

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Employee Training Acknowledgment Form

[illegible]

IES/DPM/10 AI1064 TEMP GUIDELINES IN TDCJ (REV. 6)

TEXAS DEPARTMENT NUMBER: AD-10.64 (REV. 6)

OR DATE: NOVEMBER 10, 2006

CRIMINAL JUSTICE SUPERSEDES: AD-10.64 (REV. 5)
SEPTEMBER 19, 2006

ADMINISTRATIVE DIRECTIVE

SUBJECT: TEMPERATURE EXTREMES IN THE TDCJ WORKPLACE

AUTHORITY: TEXAS GOVERNMENT CODE 490.004

REFERENCE: AMERICAN CORRECTIONAL ASSOCIATION (ACA)
STANDARDS: 4-4153 AND 4-4337

APPLICABILITY: TEXAS DEPARTMENT OF CRIMINAL JUSTICE (TDCJ) OR AGENCY

POLICY:

THE TDCJ SHALL ESTABLISH GUIDELINES TO ASSIST UNIT ADMINISTRATION IN ADAPTING OFFENDER WORK ASSIGNMENTS TO TEMPERATURES IN THE WORK ENVIRONMENT THAT CANNOT BE CONTROLLED BY THE AGENCY. GUIDELINES FOR OUTSIDE RECREATION ARE FOUND IN THE TDCJ RECREATION DEPARTMENT POLICY MANUAL.

EVERY REASONABLE EFFORT SHALL BE MADE TO PREVENT EXTREME TEMPERATURE-RELATED INJURIES IN THE WORKPLACE. SINCE THE TDCJ HAS UNITS THROUGHOUT THE STATE OF TEXAS, THE DECISION TO EXPOSE OFFENDERS TO EXTREME TEMPERATURE (I.E., COLD/HEAT) SHALL BE MADE BY THE APPROPRIATE ON-SITE STAFF.

TDCJ OFFENDERS ARE, AT TIMES, REQUIRED TO WORK IN CONDITIONS OF EXTREME COLD OR EXTREME HEAT. FREQUENTLY, SITUATIONS MAY OCCUR REQUIRING SPECIFIC WORK BE COMPLETED REGARDLESS OF THE TEMPERATURE OR WEATHER CONDITIONS.

PROCEDURES:

BEFORE EXPOSING OFFENDERS TO EXTREME TEMPERATURE CONDITIONS (I.E., COLD/HEAT), THE WARDEN AND INVOLVED DEPARTMENT SUPERVISORS SHALL ENSURE APPROPRIATE MEASURES ARE INSTITUTED WHICH PREVENT EXTREME TEMPERATURE-RELATED INJURIES. THE WARDEN AND INVOLVED DEPARTMENT SUPERVISORS ARE ENCOURAGED TO CONSULT MEDICAL STAFF TO ASCERTAIN SPECIFIC HAZARDS. IN ALL CASES OF TEMPERATURE-RELATED INCIDENTS OR INJURIES, THE UNIT MEDICAL STAFF AND THE UNIT RISK MANAGER SHALL BE NOTIFIED IMMEDIATELY. UPON ARRIVAL ON THE SCENE, MEDICAL STAFF SHALL TAKE CONTROL OF THE INDIVIDUAL'S MEDICAL CARE. THE INJURED OFFENDER SHALL BE REMOVED FROM THE ENVIRONMENT BY THE MOST EXPEDIENT MEANS AVAILABLE TO RECEIVE PROPER MEDICAL TREATMENT.

1. PROHIBITORS AND EXPOSURE CHARTS (WIND CHILL INDEX ATTACHMENT A2 AND HEAT AND HUMIDITY MATRIX ATTACHMENT B2) ARE PROVIDED TO ASSIST UNIT OFFICIALS IN DETERMINING SAFE WORKING CONDITIONS IN EXTREME TEMPERATURE CONDITIONS.

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2. OFFICIALS MUST ALWAYS REMEMBER THAT OFFENDERS SHALL NOT BE EXPOSED TO NO MORE

WEATHER-RELATED INFORMATION SHALL BE KEPT IN PROTECT THE

08/2006/10 A01064- TEMP EXTREMES IN IDCU (REV. 5)

OFFENDER FROM EXTREME TEMPERATURE CONDITIONS AT ALL TIMES.

B. UNIT STAFF SHALL MONITOR THE TEMPERATURE ONCE EVERY HOUR BETWEEN 6:30 A.M. AND 6:30 P.M. THE TEMPERATURE SHALL BE ANNOUNCED OVER THE RADIO AND DOCUMENTED ON THE TEMPERATURE LOG (ATTACHMENT C). IF CONDITIONS WARRANT, THE WARDEN MAY ALSO REQUEST ADDITIONAL READINGS.

C. TEMPERATURE LOG

1. THE WARDEN SHALL DESIGNATE A CENTRAL LOCATION TO MAINTAIN THE TEMPERATURE LOG.

2. THE TEMPERATURE LOG SHALL INDICATE THE WIND CHILL OR HEAT INDEX.

3. TEMPERATURE INFORMATION IS AVAILABLE THROUGH THE FOLLOWING:

A. THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION (NOAA) WEBSITE (WWW.NOAA.GOV);

B. NOAA WEATHER RADIO;

C. LOCAL WEATHER RADIO AND TELEVISION STATIONS; OR

D. ONSITE WEATHER INSTRUMENTATION (IF AVAILABLE).

4. TEMPERATURE LOGS SHALL BE MAINTAINED IN ACCORDANCE WITH THE IDCU RECORDS RETENTION SCHEDULE.

II. EXTREME COLD CONDITIONS

A. DETERMINATION

1. THE WARDEN SHALL USE THE WIND CHILL INDEX, THE LOCAL NEWS/WEATHER MEDIA AND/OR WEATHER CONDITIONS RECORDED BY INSTRUMENTS LOCATED AT THE UNIT/PICKET IN DETERMINING THE SAFETY OF COLD WEATHER WORKING CONDITIONS.

2. CLOTHING CONSIDERED APPROPRIATE FOR OFFENDERS WORKING IN COLD WEATHER SHALL INCLUDE: THERMAL UNDERWEAR, INSULATED JACKETS, COTTON OR LEATHER GLOVES, INSULATED HOODS, WORK SHOES AND SOCKS. THE WIND CHILL INDEX SHALL BE USED TO DETERMINE THE NEED FOR INSULATED HOODS AND LEATHER GLOVES. APPROPRIATE CLOTHING SHALL BE ISSUED EVEN WHEN THE INDEX INDICATES LITTLE DANGER OF EXPOSURE INJURY.

3. IF OUTRANCE IS NEEDED, MEDICAL STAFF SHALL BE CONTACTED TO DELIVER APPROPRIATE CLOTHING AND FOOTWEAR NEEDED TO PREVENT COLD INJURY.

4. CARE SHALL BE TAKEN TO PREVENT PERSPIRATION WHICH COULD SOAK CLOTHING AND THUS COMPROMISE THE CLOTHING'S INSULATING VALUE.

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THE EFFECTIVE TEMPERATURE AND LEVEL OF PHYSICAL ACTIVITY.

1. HYPOTHERMIA IS A CONDITION OCCURRING WHEN THE BODY LOSES

FS/DPOM-10

ADDITIONAL TEMP EXTREMES IN YOCU (REV. 6)
HEAT FASTER THAN THE BODY CAN PRODUCE IT. WITH THE ONSET
OF THIS CONDITION, BLOOD VESSELS IN THE SKIN CONSTRICT
(I.E., TIGHTEN) IN AN ATTEMPT TO CONSERVE VITAL INTERNAL
BODY HEAT, THUS AFFECTING THE HANDS AND FEET FIRST.

2. IF ONE'S BODY CONTINUES TO LOSE HEAT, INVOLUNTARY SHIVERS
BEGIN. THIS REACTION IS THE BODY'S WAY TO PRODUCE MORE
HEAT AND IS USUALLY THE FIRST REAL WARNING SIGN OF
HYPOTHERMIA.

3. FURTHER HEAT LOSS PRODUCES SPEECH DIFFICULTY,
FORGETFULNESS, LOSS OF MANUAL DEXTERITY, COLLAPSE AND
FINALLY DEATH.

C. TYPES OF HYPOTHERMIA

HYPOTHERMICS ARE DIVIDED INTO THE FOLLOWING THREE (3)
CATEGORIES, DEPENDING ON THE DEGREE OF INJURY.

1. CATEGORY ONE

INJURED INDIVIDUALS ARE CONSCIOUS, BUT COLD, WITH A
RECTAL TEMPERATURE ABOVE 90 DEGREES FAHRENHEIT (°F).
THESE INDIVIDUALS SHALL BE HANDLED CAREFULLY, INSULATED
AND TRANSPORTED TO MEDICAL CARE.

2. CATEGORY TWO

INJURED INDIVIDUALS ARE UNCONSCIOUS AND WITH A RECTAL
TEMPERATURE OF 90°F OR BELOW. THESE INDIVIDUALS SHALL BE
HANDLED CAREFULLY AND INSULATED FROM FURTHER HEAT LOSS.
THE INDIVIDUAL SHALL BE TRANSPORTED TO THE UNIT MEDICAL
DEPARTMENT FOR ADDITIONAL CARE.

3. CATEGORY THREE

INJURED INDIVIDUALS ARE COMATOSE WITH NO PALPABLE PULSE
AND NO VISIBLE RESPIRATION. ALTHOUGH THESE INDIVIDUALS
APPEAR TO BE DECEASED, THE INJURED INDIVIDUAL MAY HAVE A
SLIGHT CHANCE OF RECOVERY IF THE RECTAL TEMPERATURE IS
60.8°F OR HIGHER. IF POSSIBLE, MEDICAL STAFF SHALL
PROCEED AS FOLLOWS:

A. APPLY POSITIVE PRESSURE VENTILATION WITH OXYGEN.

B. JUDGE THE POSSIBILITY OF ADMINISTERING SUCCESSFUL
CARDIOPULMONARY RESUSCITATION (CPR). CONSIDERATION
SHALL BE GIVEN TO THE FOLLOWING PRIOR TO
ADMINISTERING CPR:

(1) THE DIFFICULTY IN VERIFYING THAT THE HEART HAS
STOPPED WITHOUT MEDICAL EQUIPMENT;

(2) THE COMPROMISE OF RESCUES TO ADMINISTER
PROCEDURE DURING EVACUATION;

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 (5) CONTINUE CIRCULATION BY COMpressing A COOL, STIFF CHEST AND HEART MUSCLE IS UNLIKELY.

D. THE INJURED INDIVIDUAL SHALL BE INSULATED AND TRANSPORTED TO A MEDICAL CARE FACILITY.

III. EXTREME HEAT CONDITIONS

A. DETERMINATION

1. GUIDELINES ASSISTING THE WARDEN IN MAKING THE DETERMINATION CAN BE FOUND IN THE HEAT AND HUMIDITY MATRIX. WEATHER CONDITIONS REPORTED BY INSTRUMENTS OF THE UNIT/PICKET OR REPORTS BY THE LOCAL NEWS MEDIA SHALL BE USED CONFIRMING SPECIFIC TEMPERATURE AND HUMIDITY CONDITIONS. WHEN THE TEMPERATURE IS OVER 85°F, THE WARDEN SHALL USE THE HEAT AND HUMIDITY MATRIX TO DETERMINE THE HEAT INDEX. THE HEAT INDEX SHALL BE USED AS AN INDICATOR OF THE RISK FOR HEAT-RELATED INJURY.
2. AT ANY POINT WHEN THE HEAT AND HUMIDITY MATRIX INDICATES THE POSSIBILITY OF HEAT EXHAUSTION OR HEATSTROKE, THE WARDEN SHALL INSTRUCT THE APPROPRIATE STAFF TO IMMEDIATELY INITIATE THE PRECAUTIONARY MEASURES IDENTIFIED IN THE HEAT AND HUMIDITY MATRIX.
3. IF GUIDANCE IS NEEDED, MEDICAL STAFF SHALL BE CONTACTED PRIOR TO EXPOSING OFFENDERS TO EXTREMELY HOT WORKING CONDITIONS TO EVALUATE THE HAZARDS OF THE CURRENT TEMPERATURES AND HUMIDITY, INCLUDING INDOOR WORK AREAS (E.G., BOILER ROOM). THE HAZARD OF SUNBURN AND OTHER RESULTS OF ULTRAVIOLET (UV) RADIATION SHALL ALSO BE CLOSELY MONITORED.
4. OFFENDERS SHALL BE PROVIDED AND REQUIRED TO WEAR CLOTHING APPROPRIATE FOR THE EFFECTIVE TEMPERATURES AND THE HAZARDS IMPOSED BY UV RADIATION (E.G., LIGHT-COLORED HATS CAN BE USED TO AN ADVANTAGE IN HIGH HEAT AND DIRECT SUNLIGHT).
5. DRINKING WATER SHALL ALWAYS BE AVAILABLE TO OFFENDERS IN CONDITIONS OF HOT WEATHER. ACCORDING TO INDIVIDUAL MEDICAL ADVICE, LIQUIDS CONTAINING SODIUM MAY BE USED DEPENDING ON AN OFFENDER'S STATE OF ACCLIMATIZATION TO HOT WEATHER CONDITIONS.
6. NEWLY ASSIGNED OFFENDERS, WHO MAY NOT BE ACCLIMATED TO THE HEAT, SHALL BE MEDICALLY EVALUATED PRIOR TO EXPOSURE TO SIGNIFICANT HEAT STRESS AND CLOSELY MONITORED BY SUPERVISORS FOR EARLY EVIDENCE OF HEAT INJURY.

7. HIGH WATER INTAKE, ACCORDING TO THE HEAT AND HUMIDITY MATRIX, SHALL BE ENFORCED.

8. OFFENDERS UNDERGOING MEDICAL EVALUATION SHALL BE MONITORED FOR SIGNIFICANT HEAT STRESS AND CLOSELY MONITORED BY SUPERVISORS FOR EARLY EVIDENCE OF HEAT INJURY.

ESX/INMATE

AD1044- TEMP EXTREMES IN IDCU (REV. 4)

A. DIMINISHED OR ABSENT PERSPIRATION (SWEATING)

B. HOT, DRY AND FLUSHED SKIN; AND

C. INCREASED BODY TEMPERATURES, WHICH IF UNCONTROLLED MAY LEAD TO DELIRIUM, CONVULSIONS AND EVEN DEATH. MEDICAL CARE IS URGENTLY NEEDED.

2. HEAT CRAMP SYMPTOMS INCLUDE:

A. PAINFUL, INTERMITTENT SPASMS OF THE VOLUNTARY MUSCLES FOLLOWING HARD PHYSICAL WORK IN A HOT ENVIRONMENT; AND

B. CRAMPS USUALLY OCCURRING AFTER HEAVY PERSPIRING, AND OFTEN BEGINNING AT THE END OF A WORK SHIFT.

3. HEAT EXHAUSTION SYMPTOMS INCLUDE:

A. PROFUSE PERSPIRING, WEAKNESS, RAPID PULSE, DIZZINESS AND HEADACHES;

B. COOL SKIN, SOMETIMES PALE AND CLAMMY, WITH PERSPIRATION;

C. NORMAL OR SUBNORMAL BODY TEMPERATURE; AND

D. NAUSEA, VOMITING AND UNCONSCIOUSNESS MAY OCCUR.

IV. EMERGENCY TREATMENT:

A. IN ALL CASES OF TEMPERATURE-RELATED INCIDENTS OR INJURIES:

1. THE FIRST AID PROCESS SHALL BE INITIATED IMMEDIATELY BY SECURITY OR OTHER UNIT STAFF.
2. MEDICAL STAFF AND THE UNIT RISK MANAGER SHALL BE NOTIFIED IMMEDIATELY.

B. IN EXTREME COLD CONDITIONS, STAFF SHALL:

1. BRING THE INJURED OFFENDER OUT OF THE COLD AND REMOVE WET CLOTHING;
2. WRAP THE INJURED OFFENDER IN WARM BLANKETS OR CLOTHING;
3. IF FROSTBITE EXISTS, GENTLY HEAT THE AFFECTED AREA WITH WARM WATER OR WARM TOWELS. DO NOT RUB THE AFFECTED AREA. A HEATING PAD OR HOT WATER BOTTLE MAY ALSO BE USED TO TREAT THE AFFECTED AREA;
4. CONTINUE THE TREATMENT UPON ARRIVAL AT THE SITE OR WHEN THE OFFENDER IS DELIVERED TO MEDICAL STAFF'S CARE;
5. APPLY THE "ABC" OF LIFE: SUPPORT OPEN AIRWAY, ASSIST BREATHING AND RESPIRATION;
6. IF COLD INJURY IS SUSTAINED, THE FOLLOWING FIRST AID

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B. EXTREME COLD SEVERITY AS EVALUATED:

6270008.00 401064- TEMP EXTREMES IN 1001 (REV. 6)

- B. REMOVE ALL CONSTRICTING ITEMS OF CLOTHING AND FOOTWEAR FROM INJURED AREAS;
- C. REMOVE WET CLOTHING AND INSULATE THE OFFENDER WITH DRY CLOTHING AND BLANKETS, ENSURING THE INJURED AREA IS COVERED;
- D. DO NOT REMOVE RINGS;
- E. ENCOURAGE CONSUMPTION OF WARM, SWEETENED LIQUIDS;
- F. IF A LOWER EXTREMITY IS AFFECTED, TREAT AS A STRETCHER PATIENT BY SLIGHTLY ELEVATING THE AFFECTED LOWER EXTREMITY;
- G. IF EVACUATION FROM COLD REQUIRES TRAVEL ON FOOT, DO NOT THAW THE AFFECTED AREA UNTIL THE OFFENDER REACHES MEDICAL HELP; AND
- H. TRANSPORT THE OFFENDER TO MEDICAL CARE AS SOON AS POSSIBLE.

C. IN EXTREME HEAT CONDITIONS, STAFF SHALL:

1. IMMEDIATELY BEGIN AN ATTEMPT TO DECREASE THE OFFENDER'S TEMPERATURE BY PLACING THE OFFENDER IN A COOL AREA;
2. ONLY FORCE ORAL FLUID INTAKE IF THE OFFENDER IS CONSCIOUS AND ABLE TO SAFELY SWALLOW;
3. REMOVE HEAVY CLOTHING OR EXCESS LAYERS OF CLOTHING; SATURATE REMAINING LIGHTWEIGHT CLOTHING WITH WATER. POSITION THE OFFENDER IN THE SHADE WITH AIR MOVEMENT PAST THE OFFENDER. FAN THE OFFENDER IF NECESSARY TO CREATE AIR MOVEMENT;
4. IF ICE IS AVAILABLE, PLACE ICE PACKS IN ARMPIT AND GROIN AREAS;
5. TAKE ALL OF THESE MEASURES WHILE MOVING THE OFFENDER IN THE MOST EXPEDITIOUS MEANS AVAILABLE TO CONTINUE WITH AND OBTAIN PROPER MEDICAL TREATMENT; AND
6. ENSURE, WHENEVER MEDICAL STAFF ARE ON-SITE, TO CONTINUE TREATMENT AS DIRECTED BY THE PHYSICIAN OR MEDICAL STAFF.

D. TRAINING

- A. EACH WARDEN SHALL ENSURE TRAINING IN THE PREVENTION OF TEMPERATURE EXTREME INJURY IS PROVIDED BY UNIC MEDICAL STAFF TO ALL SUPERVISORS. REQUIRED BY THE WARDEN. COLD TRAINING SHALL BE COMPLETED IN SEPTEMBER, AND HEAT TRAINING SHALL BE COMPLETED IN MAY OF EACH YEAR.

1. SUPERVISORS SHALL

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- BRAD LIVINGSTON
EXECUTIVE DIRECTOR

END AD-10.64 (REV. 6)

CONTACT THE ADMINISTRATIVE REVIEW AND RISK MANAGEMENT DIVISION FOR ATTACHMENTS A, B, AND C.

Texas Department of Criminal Justice
INSTITUTIONAL DIVISION

Inter-Office Communications

To: Whom it May Concern

Date: 9-16-11

From: Human Resources Office

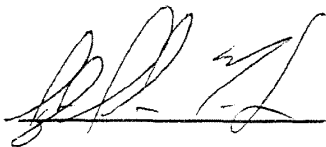
Subject: Receipt of Information

I, Matthew Seda, received the following information from the Human Resources Office, and acknowledge that a copy will be placed in my unit Disciplinary File and Employee Master Human Resources File:

1. Notification of Employee Hearing
2. Guidelines for Employee Hearings
3. Pers 325 Employee Pre Hearing Investigation Report
4. IOC from Lieutenant Minton (2 pages)
5. IOC from Officer Dodd
6. IOC from Officer Edwards
7. IOC from Sergeant Seda (3 pages)
8. TDCJ Employee Training Acknowledgement Form 05/19/11 (3 pages)
9. Admin Directive Temperature Extremes (7 pages)
10. Recognition of Heat Illness

I understand that receipt of the attached documents is standard operational procedure and that my signature below, confirms receipt of this packet. I will retain this original IOC and return a copy to Human Resources, Gurney Facility.

Signature



Date

9-16-2011

Witness

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Texas Department of Criminal Justice

REPRIMAND FORM

OIG#: _____ EEO# _____

MAUF/MIUF#: _____

SSN: _____

Employee Name: Edwards Doris M
Last First MIPayroll Job Title: CO V Unit/Dept: Joe F. Gurney UnitDate(s) of Violation(s): 08/13/2011 Date Pre-Hearing Investigation Completed: 09/14/2011VIOLATION(S): FINDINGS (check one) ☒ GUILTY ☐ Not GuiltyLevel: 2 No. 20 Rule Title: Violation of Statutory Authority/Court ☒ Yes ☐ NoOrder/Rules/Regulations/PoliciesLevel: _____ No. _____ Rule Title: _____ ☐ Yes ☐ No

Synopsis of Incident(s):

On 08/13/11 CO Doris Edwards received reports from offenders assigned to B#-Dorm of offender James, Kenneth #1726849 being ill and possibly urinating on himself. Officer Edwards observed offender James and notified Sergeant Seda; however, when Sergeant Seda did not respond, she took no further action such as initiating first aid procedures or contacting a lieutenant to obtain assistance. The incident, which was the eventual death of offender James, was reported as I-11520-08-11.

DISCIPLINARY ACTION:

Is this a subsequent violation(s)? ☐ Yes ☒ No If yes, list applicable previous Rule No. violation(s) and disciplinary date(s):

Check and complete one (1) or more of the following:

☐ NO DISCIPLINE IMPOSED (Provide justification at bottom of page.)☐ REPRIMAND ONLY☒ DISCIPLINARY PROBATION: 6 Calendar Months Beginning: 9/20/11 Ending*: 3/20/12

*Note to Employee: If you are on a full calendar month of leave without pay during your period of disciplinary probation, including a full calendar month of suspension without pay, the probation period ending date shall be adjusted by adding one full calendar month to the original ending date. If you are in a career ladder position, any period of disciplinary probation and an adjusted disciplinary probation ending date shall postpone future career ladder salary adjustments.

☐ SUSPENSION WITHOUT PAY: _____ Workdays Beginning: _____ Return: _____☐ REDUCTION IN PAY TO: \$ _____ Beginning: _____ Ending: _____☐ DEMOTION TO (Title/Salary Group) _____ Beginning: _____ Ending: _____☐ DISMISSAL RECOMMENDED, WITH FOLLOWING ACTION DURING INTERIM:☐ Involuntary Use of Compensatory Time/Holiday Time☐ Voluntary Use of Overtime/Vacation Time (Attach a copy of PERS 24, Leave Request)☐ Suspension Without Pay☐ Change to Another Job Assignment☐ Administrative Leave (can only be granted by the Executive Director)DISCIPLINE IS: ☒ Within ☐ Above ☐ Below the guidelines (Provide justification at bottom of page if above or below)For violations of Rule No. 24 or 25, check one (1) of the following: This violation ☐ did ☐ did not involve an aggravated use of excessive force.

JUSTIFICATION (If applicable): _____

Dennis Miller Warden I

Reprimanding Authority Name/Title (printed)

Signature

Date

Employee's Acknowledgment: I have been advised of the procedures of progressive disciplinary actions, and my right to file a grievance. I acknowledge receipt of a copy of this reprimand and know the original is to be placed in my Master Human Resources File. If recommended for dismissal, I verify the following are my current address and phone number:

Mailing Address: _____

Phone Number, Including Area Code: _____

Employee Signature: Doris M EdwardsDate: 9-21-2011

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the Agency collects about you; and (2) under Texas Government Code §§552.021 and 552.023, to receive and review the collected information. Under Texas Government Code §559.004, you are also entitled to request, in accordance with the Agency's procedures, that incorrect information the Agency has collected about you be corrected.

Original: Labor Relations Section, HRHQ (with copy of support documentation)

Copy: Employee

Copy: Unit/Department Employee Disciplinary File

PERS 185 (01/09)

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**Texas Department of Criminal Justice
NOTIFICATION OF EMPLOYEE HEARING**

OIG # _____
MAUF/MIUF# _____
EEO# _____

DATE: 09/15/11 EMPLOYEE NAME: Edwards, Doris M SSN: [REDACTED]

UNIT/DEPT.: Joe F. Gurney Unit PAYROLL JOB TITLE: CO IV

You are scheduled for an Employee Hearing to be held

☒ in person ☐ telephonically ☐ via videoconference at Wardens Office at 7:00 on 09/21/2011
(Location) (am/pm) (mm/dd/yyyy)

The purpose of the Employee Hearing is to consider allegations that you committed the following rule violation(s) as referenced in the Listing of Employee General Rules of Conduct and Disciplinary Violations.

No. L2 # 20 Violation: Violation of Statutory Authority/Court Order/Rules/Regulations/Policies
No. _____ Violation: _____
No. _____ Violation: _____

Synopsis of Incident(s): On 08/13/11 CO V Doris Edwards received reports from offenders assigned to B3-Dorm of Offender James, Kenneth #1726849 being ill and possibly urinating on himself. Officer Edwards observed offender James and notified Sergeant Seda. When Sergeant Seda did not respond, she took no further action such as initiating first-aid procedures or contacting a Lieutenant to obtain assistance. The incident, which was the eventual death of offender James was reported as I-11520-08-11.

The hearing shall be conducted in accordance with the PERS 560, Guidelines for Employee Hearings and a copy of these guidelines is being provided to you. These guidelines provide information relating to scheduling extensions, representatives, witnesses and other related matters.

I ☒ do ☐ do not wish to appear at the Employee Hearing. I understand my failure to appear may constitute a waiver of the right to an Employee Hearing, and the Employee Hearing may be conducted in absentia.

☐ I wish to waive the 24-hour Notice of Employee Hearing. I understand the Reprimanding Authority or designee may reschedule the hearing to be held earlier than the date and time indicated above. If I have indicated that I wish to appear at the Employee Hearing, I shall be notified in writing of the rescheduled time and date prior to the hearing.

☒ I do not wish to waive the 24-hour Notice of Employee Hearing.

Today's Date: 9-16-11 If Notified in Person, Time Notified: 6:10 ☒ A.M. ☐ P.M.

Doris Edwards
Employee Signature

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the Agency collects about you; and (2) under Texas Government Code §§552.021 and 552.023, to receive and review the collected information. Under Texas Government Code §559.004 you are also entitled to request, in accordance with the Agency's procedures, that incorrect information the Agency has collected about you be corrected.

Notification of Rescheduled Employee Hearing:

The Reprimanding Authority or designee has rescheduled the hearing to be held at a different date and time than indicated above. (If later, and outside the applicable scheduling time frame, attach justification.)

The rescheduled hearing shall be held at: _____ at _____ on _____
(Location) (am/pm) (mm/dd/yyyy) (Employee Initials/Date & Time [am/pm])

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PERS 184 (01/09)

8. Time Reporting/Expenses:
- a. Your attendance at the Employee Hearing or attendance by an employee acting as a witness shall be considered official business, and you and any employee acting as a witness shall be released by the supervisor on paid time during working hours. You and any employee acting as a witness are required to provide sufficient advance notice to the supervisor to ensure adequate staffing.
 - b. There is no authority for the Agency to pay compensation to or reimburse the expenses of a representative whether the representative is a state employee or an individual from outside state service. Appearance as a representative at an Employee Hearing shall not be considered official business. If an employee acting as a representative attends an Employee Hearing held during working hours, that employee must obtain prior approval to use accrued leave or, if accrued leave is not available, leave without pay to attend the Employee Hearing.
9. Copies of Investigative Files: At the time of this notification, you were provided a copy of the applicable pre-hearing investigation report along with support documentation that is subject to disclosure and being used as evidence. In order to obtain copies of evidence that is not subject to disclosure (e.g., confidential portions of OIG and EEO reports), you must request the documents in writing through a Public Information request. The request shall be processed in accordance with the rules governing a Public Information request, and the requested documents may not be available before the Employee Hearing.
10. Dismissal Recommended: If the Employee Hearing results in a dismissal recommendation, you shall have the opportunity to request independent dismissal mediation in accordance with PD-35, "Independent Dismissal Mediation and Dispute Resolution."
11. Grievance: You may submit a grievance in accordance with PD-30, "Employee Grievance Procedures" relating to disciplinary action after it has been imposed.

Bois Edwards
Employee Signature

(mm/dd/yyyy)

RECOGNITION OF HEAT ILLNESS

HEAT EXHAUSTION

- Weakness, anxiety, fatigue, dizziness, headache, nausea
- Profuse sweating, rapid pulse, rapid breathing
- Possible confusion or loss of coordination
- May lead to heat stroke if not treated

HEAT COLLAPSE

- Sudden collapse, brief duration
- Skin cold and clammy
- May lead to heat stroke if not treated

HEAT STROKE

- Headache
- Gooseflesh, chills
- Unsteady gait
- Incoherent speech progressing to coma
- Rapid pulse
- Skin hot and dry

TREATMENT AND PREVENTION

TREATMENT OF HEAT ILLNESS (ALL TYPES)

- Move person out of direct sunlight into air-conditioned environment if possible
- Remove clothing, maintaining modesty
- Have them drink water if conscious
- Sprinkle water on them; fan them if there is no breeze
- Get medical attention ASAP

HIGHER RISK FOR HEAT ILLNESS

- Newly assigned to job
- On psychiatric medications
- Over age 60
- High temperature and humidity conditions
- No breeze

PREVENTION OF HEAT ILLNESS

- Drink at least ½ cup of water every 15 minutes when working in hot environments
- Take a 5 minute break every 30-60 minutes
- Decrease intensity of work under extreme conditions

I. To be completed by the Charging Official:

OIG - James 278

**Texas Department of Criminal Justice
EMPLOYEE OFFENSE AND PRE-HEARING INVESTIGATION REPORT**

IV. Pre-Hearing Investigator's Review/Recommendation:

An Employee Pre-Hearing Investigation Report (i.e., EPHIR) was conducted on 14 September 2011 regarding Officer Edwards failure to respond in a timely manner to an offender medical emergency (offender James #1726849 [heat extreme related symptoms]) that resulted in death. The EPHIR relied on statement(s) submitted by staff, the Incident Report #I-11520-08-11, and Officer Edwards' Employee Statement from Section II. of the EPHIR.

Officer Edwards initially informed Sgt. Seda that offender James #1726849 was reported to be displaying symptoms of dizziness and disorientation. A time period of over one hour elapsed without Sgt. Seda responding. Officer Edwards did not make follow-up contact with Sgt. Seda or other supervisory staff available on the unit. Also, Officer Edwards failed to check on the offender during this time period or offer first aid assistance as required by Agency Policy (AD-10.64 [rev. 6])..

Based on statements provided by staff, Incident Report #I-11520-08-11, and Officer Edwards' employee statement, the Pre-Hearing Authority recommends disciplinary action for the following violation of Agency Policy:

PD-22, Rule #20, Violation of Statutory Authority/Rule, Level 2.

III. Witnesses: See attached.

IV. Pre-Hearing Investigator's Review/Recommendation:

Employee Hearing: ☒ Yes ☐ No If Yes, Alleged Rule Violation No(s): _____

Comments: _____

(See attached)

Jesse Wicks, Asst. Warden _____ 9/14/11
Investigator's Name/Title (print) Signature Date

V. Reprimanding Authority's Action:

☒ Proceed to Employee Hearing Alleged Rule Violation No(s): 20

☐ No Employee Hearing and no action taken

☐ No Employee Hearing and other action taken (e.g., dispute resolution, training). Attach explanation of action taken.

Dennis Miller Warden _____ 9/15/11
Reprimanding Authority's Name/Title Signature Date
(print)



Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To	<u>Reprimanding Authority</u> Joe F. Gurney Transfer Facility	Date	<u>September 14, 2011</u>
From	<u>Ricky Minton, Lieutenant</u> <i>RM</i> Joe F. Gurney Transfer Facility	Subject	<u>Employee Offense Report:</u> Officer Doris Edwards, CO V

On August 13, 2011 at 0416 hours, offender James, Kenneth #1726849 was pronounced deceased by Medical Doctor Heidi Knowles at Palestine Regional Medical Center. The death of offender James was reported as incident number I-11520-08-11 and an Administrative Review was conducted according to agency policy. During the Administrative Review, it was determined that Correctional Officer V Doris Edwards violated agency policy as it relates to the subsequent response to the incident once it became known to security staff that offender James was in distress and may need medical attention.

On August 13 at approximately 0005 hours, while conducting a count in B3-Dorm, Officer Edwards was approached by unknown offenders who reported that offender James was ill, had urinated on himself and was in need of medical attention. Officer Edwards reported that she observed offender James in his assigned bunk and that she did not observe any urine on his clothing nor did he report to her that he had urinated on himself. Officer Edwards completed her count and proceeded to the building control picket where she relieved Correctional Officer V Revoyda Dodd so that she could conduct the second count. While Officer Dodd was counting, Officer Edwards reported that she observed offender James walking to the restroom area. As he was exiting to return to his bunk, she reported that offender James appeared dizzy and was "wobbling back and forth as he was walking."

Officer Edwards, when calling her count into the Building Lieutenant's Office, reported to Sergeant Matthew Seda of the reports she received from offenders and her observations of offender James. Sergeant Seda indicated that he would report to her building at the conclusion of the unit count; however, never did so. Officer Edwards, other than observing the offender while he was lying in his assigned bunk, took no further action, did not initiate any first-aid procedures nor did she contact another supervisor when it was apparent that Sergeant Seda was not reporting to her building to investigate her report.

At approximately 0235 hours, offender James was escorted to the unit medical department and eventually to Palestine Regional Medical Center where he was pronounced dead by Medical Doctor Heidi Knowles.

AD-10.64 (rev. 6) *Temperature Extremes in the TDCJ Workplace*, section IV.A reads:

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September 14, 2011

Employee Offense Report: Officer Doris Edwards, CO V

Page 2 of 2

"In all cases of temperature related incidents or injuries: (1) The first aid process shall be initiated immediately by security or other unit staff. (2) Medical staff and the unit risk manager shall be notified immediately."

On May 19, 2011, Officer Edwards acknowledged by her signature that she was trained on AD-10.64 (rev. 6) and the dangers of extreme temperatures to include the warning signs of heat exhaustion and the appropriate response to heat related injuries. *See Employee Training Acknowledgement Form, May 19, 2011. Also, see copy of AD-10.64 (rev. 6) Temperature Extremes in TDCJ Workplace.*

Further, Officer Edwards was aware of the symptoms of heat related illnesses and is required to maintain, in her possession at all times while working, a heat related illness card to guide her with this concern. That card lists the symptoms of heat illness which consist of, in part, dizziness and loss of coordination which are two of the symptoms she reported to have observed during her dealings with offender James.. *See heat illness card.*

While true that it may be impossible to say with any degree of certainty that a more immediate response would have resulted in offender James' survival, it is equally impossible to say that a more immediate response would have not resulted in his survival.

Officer Edwards, by failing to immediately initiate first aid procedures for offender James was in violation of PD-22 *General Rules of Conduct for Employees*, specifically:

Rule No. 20: Violation of Statutory Authority/Court Order/Rules/Regulations/Policies:

It is the employee's responsibility to know, have a clear understanding of and comply with rules, regulations, policies, court orders and statutory authority governing the operation of the Agency. Not being aware of the existence of any of the aforementioned is not a defense for violation of the same.

The specific policy violated in this case, as stated, was the failure to immediately initiate the first aid process for offender James.

This report is submitted to the unit reprimanding authority for review and disposition as appropriate.



Ricky Minton, Lieutenant
Joe F. Gurney Transfer Facility

Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To Lieutenant Toby Whitfield Date August 13, 2011
From Doris Edwards, COV Subject Offender James, Kenneth #1726849

At approximately 1800 hours I, Officer Doris Edwards COV was assigned to the control picket of B1-building. When I arrived on the Officer Brandon Matthews was in the control picket. I began to inventory the equipment on the building. At no time while first shift officers were on the building was I notified of any offenders being ill.

Until the special bed book count, at no time did I observe offender James, Kenneth #1726849 in any kind of distress.

At approximately 0005 hours, I conducted the count on B1-building. When I entered B3-dormitory, the offenders in the dorm told me that offender James was in his bed and urinated on himself. When I went over to his bunk, the offender didn't say anything about urinating on himself. When I looked at him, he looked back at me. He did not look to be in distress at this time.

While Officer Revoyda Dodd COIV was conducting the bed book count, I observed the offender go to the restroom area and back to his bunk area. He appeared to be dizzy while he was walking, he was wobbling back and forth as he was walking. Offenders in the housing area came up to the intercom and told me that offender James was sick.

While I was calling in the count, I notified Sergeant Matthew Seda and he informed me to keep an eye on the offender.

After Sergeant Seda told me to watch the offender, I did not notice any more abnormal behavior from the offender.

Shortly afterwards, Officer Glorie Harris COIV entered the building after coming in from the outside perimeter picket. I notified her that other offenders in the dorm stated that offender James had urinated by his bunk and was not urinating in the urinal.

At approximately 0200 hours, I exited the building to assist with other activities that were taking place on the unit.

At approximately 0240 hours, I was on the main hallway when Officer Torrance Stephens COV was pushing offender James in a wheelchair toward the unit infirmary. The offender was sitting up.

I remained on the main hallway.

Doris Edwards COV
Doris Edwards, COV
Joe F. Gurney Transfer Facility

SO-4

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Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To	<u>Lieutenant Toby Whitfield</u>	Date	<u>August 13, 2011</u>
From	<u>Revoyda Dodd, COIV</u>	Subject	<u>Offender James, Kenneth #1726849</u>

At approximately 2200 hours I, Revoyda Dodd COIV reported to my assigned duty post on B1-building as the control picket officer. At approximately 0015 hours I was conducting a bed book count in B3-dormitory. When I arrived around B323 bunk, the offenders around 23-bunk, informed me that offender James, Kenneth #1726849 had urinated on himself. I approached B3-23 bunk and identified him by his TDCJ-ID card for the purpose of the bed book count.

The offender was lying in his assigned bunk. The offender was restless and was moving around in his bunk. I did not notice any urine on the offender at this time. I completed my bed book count for the rest of the building and before returned to the control picket I went back into B3-dormitory due to several offenders not being properly dressed in the dayroom. Shortly afterwards, I was in the control picket and noticed offender James sitting on the toilet in the restroom area. I then observed the offender leaving the restroom area. While he was walking, he bumped into the wall of the restroom, urinal and began to stumble. The offender made it back to his living area and fell into his bunk. I asked Officer Doris Edwards if she seen what the offender did. I notified Sergeant Matthew Seda that the offender appeared to be drunk or on some kind of medication.

I went on with my normal duties in the control picket and continued to monitor offender activity in the dorm.

When Officer Glorie Harris came into the building, she noticed the offender in the dayroom and called Lieutenant Toby Whitfield on the radio. The offender was standing in the dayroom and would not respond to her questions. Shortly afterwards, Sergeant Tully Flowers, Sergeant Seda, Officers Ronald Burt COV, Kenneth Mangan COIV and Torrance Stephens COV arrived on the building with a wheelchair. The offender was placed in the wheelchair and transported out of the building.

I then returned to my normal duties.


Revoyda Dodd, COIV
Joe F. Gurney Transfer Facility

SO-4

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Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To Toby Whitfield, Lieutenant Date August 13, 2011
Joe F. Gurney Transfer Facility

From Matthew Seda, Sergeant MS Subject I-11520-08-11
Joe F. Gurney Transfer Facility

On August 13, 2011 at approximately 0020hours, I, Sergeant Matthew Seda, was in the Building Lieutenant's Office assisting with the unit count. This was a bed book count which required that I assist by verifying the first count sheets that are turned in and then conducting a thorough check of the bed book rosters to ensure that all offenders were accurately accounted for in my area of assignment, the West End of the facility.

During this count, Officer Doris Edwards, CO V called and notified me that an offender on B1-Building, later identified as offender James, Kenneth #1726849, appeared dizzy and may have urinated on himself. After verifying that the offender was in a secured area, I instructed Officer Edwards to maintain a visual on the offender and that I would respond when able. If the situation warranted a more immediate response that she was to let me know.

After talking to her, Officer Robert Tatum, CO IV entered the Building Lieutenant's Office accompanied by an offender who works for him in the Food Service Department, and reported that he had injuries consistent with having been involved in a recent physical altercation.

Immediately after the report by Officer Tatum, Officer Revoyda Dodd, CO IV, while calling in her count, notified me of similar behavior of offender James and was provided the same instructions.

Officer Edwards and Officer Dodd were instructed to notify me if the situation required an immediate response.

During this time, Sergeant Tully Flowers was also assisting with the unit count, conducting the same verifications of count sheets for the East End of the facility.

At 0035 hours, the unit count cleared. Upon exiting the Building Lieutenant's Office, I encountered the offender that was involved in the physical altercation on A1-Building and began questioning him regarding the circumstances and identity of the other assailant involved in the physical altercation. I then proceeded to A1-Building to investigate further and identify the other involved offender. In doing so, I forgot about the previous report involving offender James on B1-Building.

At approximately 0235 hours, the other participant in the physical altercation was identified and was being escorted from the building when Lieutenant Toby Whitfield, via radio, alerted staff that a wheelchair was needed on B1-Building. Offender James was then escorted to B1-Building where,

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August 13, 2011
 Lt. Toby Whitfield
 I-11520-08-11

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upon arrival, I found offender James in the dayroom area of B3-Dorm standing next to the benches. Upon entering B3-Dorm and making contact with offender James, he kneeled to his knees. Officer Ronald Burt, CO V entered the building followed shortly afterwards by Officer Torrance Stephens, CO V and Officer Kenneth Mangan, CO IV with a wheelchair. Officer Burt and Officer Stephens assisted offender James into the wheelchair and he was moved to the Gurney Unit Medical Department.

Once in the medical department, Sgt. Flowers contacted on-call medical staff at the Beto Unit, due to no on-site medical. Sgt. Flowers stated that he was instructed by Licensed Vocational Nurse Linda McKnight to obtain the offenders vitals. Officer Burt, on Sgt. Flower's instructions, obtained the vitals and reported a temperature of 108 and blood pressure of 89/57. Sgt. Flowers then stated that LVN McKnight had requested that offender James be transported to her location for examination. As offender James was being prepared for transport, he bent over in the wheelchair and became unresponsive. Lt. Whitfield was immediately notified who immediately requested that Central Control request Emergency Medical Services by 9-1-1. Lt. Whitfield reported to the medical department and instructed me to place offender James on a gurney in the emergency room. Officer Stephens moved offender James, by pushing the wheelchair, into the emergency room where I, Lt. Whitfield, and Officer Vincent McKnight, CO V lifted the offender from the wheelchair and placed him on the gurney.

While offender James was on the gurney, his eyes were open but he appeared disoriented. He was taking shallow breaths and, upon checking, Lt. Whitfield indicated that offender James did have a pulse. As a result, Cardiopulmonary Resuscitation was not initiated and offender James was closely monitored until arrival of EMS.

Lt. Whitfield instructed me to notify Warden Dennis Miller of the off-unit transport by EMS; Warden Miller was notified at 0305 hours.

At approximately 0320 hours, EMS arrived and began evaluating offender James' condition. After connecting their equipment which required affixing adhesive pads to offender James' upper body, the EMS requested assistance in moving offender James to their gurney, with Lt. Whitfield assisting in that process. EMS personnel then moved offender James to the ambulance where he was placed inside. One of the EMS personnel requested assistance from an officer. Officer McKnight entered the ambulance and was provided a breathing bag by EMS personnel and, upon instruction, began pumping air into offender James lungs. EMS personnel would stop Officer McKnight's actions in increments so that a tube could be inserted into his mouth, to no avail.

The ambulance remained at the back door of the medical department for several minutes. At 0338 hours the ambulance departs the unit.

Lt. Whitfield instructed me, along with Officer Burt, to go to Palestine Regional Medical Center ("PRMC") via unit van. At 0405 hours, we arrived at PRMC, where offender James was placed in Exam Room #1. PRMC medical staff began life saving measures and at 0410 hours, report offender James has a pulse.

At 0416 hours, Doctor Heidi Knowles pronounced offender James deceased. I immediately notified Lt. Whitfield and am instructed to remain at the scene until investigation support arrives.

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August 13, 2011
Lt. Toby Whitfield
I-11520-08-11

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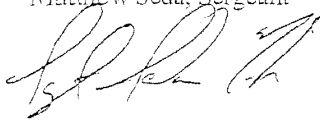
At 0500 hours, Precinct #4 Justice of the Peace James Todd arrived and began his documentation. At 0511 hours, Investigator Mark Owens of the Office of the Inspector General arrived and began his report and obtained photographs. They leave shortly after their arrival.

At approximately 0530 hours, Officer McKnight and Officer Burt depart PRMC enroute back to the facility.

I remained with the remains until Officer John Crawford, CO V relieved me at 0700 hours, at which time, I obtained a total of six (6) digital photos of the offender.

I then returned to the Gurney Unit to provide a statement of my actions in this incident.

Matthew Seda, Sergeant



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Texas Department of Criminal Justice Correctional Institutional Division

Employee Training Acknowledgement Form

RECEIVED
MAY 27 2011
Unit

To: Unit Risk Manager Date: May 19, 2011

From: Lt. Toby Whitfield *W* Subject: Safety Training

☐ Initial Training

☐ Target Training

☒ Monthly Training

☐ Annual Training

Department: Security Shift: 2A

Date(s) Training was conducted: 05/01/2011 - 05/31/2011

Length of training: 10 minutes

Conducted by: Lt. Toby Whitfield

Topic: Hot Weather

Main points of discussion:

Increase water intake; at least one gallon should be consumed in extreme heat conditions. Watch for signs of heat stroke, heat exhaustion, and heat cramps. Seek medical attention immediately if you stop sweating or feel dehydrated, dizzy, or get chills. Limit salt intake. Wear long sleeves and a hat; protect as much skin as possible from direct sun exposure. Use sunscreen. Be aware of the heat index and the effects of high humidity.

Number of employees assigned: 62 Number of employees trained: 60

	Name	Signature
1.	Barber, Cody	<i>Barber</i>
2.	Beumel, Kirk	<i>Beumel</i>
3.	Boyd, Gary	<i>Boyd</i>
4.	Braisher, Enoch	<i>Braisher</i>
5.	Burt, Ronald	<i>Burt</i>
6.	Caldwell, Tricia	<i>Caldwell</i>
7.	Chamberlain, Patricia	<i>Chamberlain</i>
8.	Cox, Lauren	<i>Cox</i>
9.	Derrett, Lawanda	<i>Derrett</i>
10.	Dodd, Revoyda	<i>Dodd</i>

September 2010

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RM-06-7

	Name	Signature
11.	Douglas, George	George Douglas
12.	Douglas, Tina	T. Douglas
13.	Duncan, James	James Duncan
14.	Edwards, Doris	Doris Edwards
15.	Few, Minnie	Few, Minnie
16.	Fitzgerald, Casey	Casey Fitzgerald
17.	George, Ashley	Ashley George
18.	Golden, Frankie	Golden Frankie
19.	Harris, Glorie	Glorie Harris
20.	Harrison, Richard	Richard C. Harrison
21.	Hays, Aaron	Aaron Hays
22.	Henson, Connie	Connie Henson
23.	Hewlett, Annette	Annette Hewlett
24.	Hill, Michael	Michael Hill
25.	Hollowell, Bessie	Bessie Hollowell
26.	Hyatt, Albert	Albert Hyatt
27.	Johnson, Marcus	Marcus Johnson
28.	Kennedy, Oliver	Oliver Kennedy
29.	Lane, Donna	Donna Lane
30.	Lane, Terry	Terry Lane
31.	Mangan, Kenneth	Kenneth Mangan
32.	Martin, Dena	Dena Martin
33.	Martin, Steve	Steve Martin
34.	McKnight, Vincent	Vincent McKnight
35.	Melton, Joshua	Joshua Melton
36.	Meyners, Nathanael	Nathanael Meyners
37.	Milton, Joshua	Joshua Milton
38.	Morrow, Deborah	Deborah Morrow
39.	Ndubueze, Nkechinyere	Nkechinyere Ndubueze
40.	Ogungbire, Thomas	Thomas Ogungbire
41.	Parker, Rufus	Rufus Parker
42.	Paul, Joseph	Joseph Paul
43.	Peach, Corey	Corey Peach

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RM-06-B

	Name	Signature
44.	Pedigo, Kimberly	<i>Pedigo</i>
45.	Quick, Jimmy	<i>Jimmy Quick</i>
46.	Rabb, Timothy	<i>Rabb</i>
47.	Raines, Sarah	<i>S. Raines</i>
48.	Rogers, Allesia	<i>Rogers</i>
49.	Russell, Christopher	<i>C. Russell</i>
50.	Sandlin, Rickard	<i>Sandlin</i>
51.	Schulle, Deborah	<i>Schulle</i>
52.	Sheffler, Kyle	<i>Kyle Sheffler</i>
53.	Sherrick, Chase	<i>Chase Sherrick</i>
54.	Stephens, Torrance	<i>Stephens</i>
55.	Tatum, Florine	<i>Florine Tatum</i>
56.	Upton, Sammy	<i>S. Upton</i>
57.	Williams, Dan	<i>Williams</i>
58.	Womack, Marion	<i>M. Womack</i>
59.	Wood, Justin	<i>Justin Wood</i>
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73.		
74.	Sgt. Flowers, Tully	<i>Sgt. Flowers</i>
75.	Sgt. Hash, James	<i>Sgt. Hash</i>
76.	Lt. Whitfield, Toby	<i>Lt. Whitfield</i>

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RM-06-8

11-17

ADMINISTRATIVE DIRECTIVE

TEXAS DEPARTMENT OF CRIMINAL JUSTICE (TDCJ) NUMBER: AD-10.64 (REV. 3)

OF DATE: NOVEMBER 10, 2006

ORIGINAL JUSTICE SUPERSEDES: AD-10.64 (REV. 3)
SEPTEMBER 19, 2006

ADMINISTRATIVE DIRECTIVE

SUBJECT: TEMPERATURE EXTREMES IN THE TDCJ WORKPLACE

AUTHORITY: TEXAS GOVERNMENT CODE 405.006

REFERENCE: AMERICAN CORRECTIONAL ASSOCIATION (ACA)
STANDARDS: 4-4153 AND 4-4037

APPLICABILITY: TEXAS DEPARTMENT OF CRIMINAL JUSTICE (TDCJ) OR AGENCY

POLICY:

THE TDCJ SHALL ESTABLISH GUIDELINES TO ASSIST UNIT ADMINISTRATION IN ADAPTING OFFENDER WORK ASSIGNMENTS TO TEMPERATURES IN THE WORK ENVIRONMENT THAT CANNOT BE CONTROLLED BY THE AGENCY. GUIDELINES FOR OUTSIDE RECREATION ARE FOUND IN THE TDCJ RECREATION DEPARTMENT POLICY MANUAL.

EVERY REASONABLE EFFORT SHALL BE MADE TO PREVENT EXTREME TEMPERATURE-RELATED INJURIES IN THE WORKPLACE. SINCE THE TDCJ HAS UNITS THROUGHOUT THE STATE OF TEXAS, THE DECISION TO EXPOSE OFFENDERS TO EXTREME TEMPERATURE (I.E., COLD/HEAT) SHALL BE MADE BY THE APPROPRIATE ON-SITE STAFF.

TDCJ OFFENDERS ARE, AT TIMES, REQUIRED TO WORK IN CONDITIONS OF EXTREME COLD OR EXTREME HEAT. FREQUENTLY, SITUATIONS MAY OCCUR REQUIRING SPECIFIC WORK BE COMPLETED REGARDLESS OF THE TEMPERATURE OR WEATHER CONDITIONS.

PROCEDURES:

BEFORE EXPOSING OFFENDERS TO EXTREME TEMPERATURE CONDITIONS (I.E., COLD/HEAT), THE WARDEN AND INVOLVED DEPARTMENT SUPERVISORS SHALL ENSURE APPROPRIATE MEASURES ARE INSTITUTED WHICH PREVENT EXTREME TEMPERATURE-RELATED INJURIES. THE WARDEN AND INVOLVED DEPARTMENT SUPERVISORS ARE ENCOURAGED TO CONSULT MEDICAL STAFF TO ASCERTAIN SPECIFIC HAZARDS. IN ALL CASES OF TEMPERATURE-RELATED INCIDENTS OR INJURIES, THE UNIT MEDICAL STAFF AND THE UNIT RISK MANAGER SHALL BE NOTIFIED IMMEDIATELY. UPON ARRIVAL ON THE SCENE, MEDICAL STAFF SHALL TAKE CONTROL OF THE INDIVIDUAL'S MEDICAL CARE. THE INJURED OFFENDER SHALL BE REMOVED FROM THE ENVIRONMENT BY THE MOST EXPEDIENT MEANS AVAILABLE TO RECEIVE PROPER MEDICAL TREATMENT.

1. PROCEDURES AND EXPOSURE CHARTS (WITH CHILL INDEX ATTACHMENT A2 AND HEAT AND HUMIDITY MATRIX ATTACHMENT B2) ARE PROVIDED TO ASSIST UNIT OFFICIALS IN DETERMINING APPROPRIATE WORK ASSIGNMENTS TO EXTREME TEMPERATURE CONDITIONS.

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UNOFFICIAL TRANSCRIPTION OF PROCEEDINGS SHALL BE MADE TO PROTECT THE

CR/00001/10 ADO664- TEMP EXTREMES IN TDCJ (REV. 6)
OFFENDER FROM EXTREME TEMPERATURE CONDITIONS AT ALL TIMES.

B. UNIT STAFF SHALL MONITOR THE TEMPERATURE ONCE EVERY HOUR
BETWEEN 6:30 A.M. AND 6:30 P.M. THE TEMPERATURE SHALL BE
ANNOUNCED OVER THE RADIO AND DOCUMENTED ON THE TEMPERATURE LOG
(ATTACHMENT C). IF CONDITIONS WARRANT, THE WARDEN MAY ALSO
REQUEST ADDITIONAL READINGS.

C. TEMPERATURE LOG

1. THE WARDEN SHALL DESIGNATE A CENTRAL LOCATION TO MAINTAIN
THE TEMPERATURE LOG.

2. THE TEMPERATURE LOG SHALL INDICATE THE WIND CHILL OR HEAT
INDEX.

3. TEMPERATURE INFORMATION IS AVAILABLE THROUGH THE
FOLLOWING:

A. THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
(NOAA) WEBSITE (WWW.NOAA.GOV);

B. NOAA WEATHER RADIO;

C. LOCAL WEATHER RADIO AND TELEVISION STATIONS; OR

D. ONSITE WEATHER INSTRUMENTATION (IF AVAILABLE).

4. TEMPERATURE LOGS SHALL BE MAINTAINED IN ACCORDANCE WITH
THE TDCJ RECORDS RETENTION SCHEDULE.

II. EXTREME COLD CONDITIONS

A. DETERMINATION

1. THE WARDEN SHALL USE THE WIND CHILL INDEX, THE LOCAL
NEWS/WEATHER MEDIA AND/OR WEATHER CONDITIONS RECORDED BY
INSTRUMENTS LOCATED AT THE UNIT/PICKET IN DETERMINING THE
SAFETY OF COLD WEATHER WORKING CONDITIONS.

2. CLOTHING CONSIDERED APPROPRIATE FOR OFFENDERS WORKING IN
COLD WEATHER SHALL INCLUDE: THERMAL UNDERWEAR, INSULATED
JACKETS, COTTON OR LEATHER GLOVES, INSULATED HOODS, WORK
SHOES AND SOCKS. THE WIND CHILL INDEX SHALL BE USED TO
DETERMINE THE NEED FOR INSULATED HOODS AND LEATHER
GLOVES. APPROPRIATE CLOTHING SHALL BE ISSUED EVEN WHEN
THE INDEX INDICATES LITTLE DANGER OF EXPOSURE INJURY.

3. IF OUTRANCE IS NEEDED, MEDICAL STAFF SHALL BE CONTACTED
TO DETERMINE APPROPRIATE CLOTHING AND FOOTWEAR NEEDED TO
PREVENT COLD INJURY.

4. CARE SHALL BE TAKEN TO PREVENT PERSPIRATION WHICH COULD
SOAK CLOTHING AND THUS COMPROMISE THE CLOTHING'S
INSULATIVE VALUE.

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THE EFFECTIVE TEMPERATURE AND LEVEL OF PHYSICAL ACTIVITY.

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RS/DPOM/10

1. HYPOTHERMIA IS A CONDITION OCCURRING WHEN THE BODY LOSES

ABNORMAL TEMP EXCHANGES IN TISSUE (REV. 6)
HEAT FASTER THAN THE BODY CAN REGULATE IT. WITH THE ONSET
OF THIS CONDITION, BLOOD VESSELS IN THE SKIN CONSTRICT
(I.E., TIGHTEN) IN AN ATTEMPT TO CONSERVE VITAL INTERNAL
BODY HEAT, THUS AFFECTING THE HANDS AND FEET FIRST.

2. IF ONE'S BODY CONTINUES TO LOSE HEAT, INVOLUNTARY SHIVERS
BEGIN. THIS REACTION IS THE BODY'S WAY TO PRODUCE MORE
HEAT AND IS USUALLY THE FIRST REAL WARNING SIGN OF
HYPOTHERMIA.

3. FURTHER HEAT LOSS PRODUCES SPEECH DIFFICULTY,
FORGETFULNESS, LOSS OF MANUAL DEXTERITY, COLLAPSE AND
FINALLY DEATH.

C. TYPES OF HYPOTHERMIA

HYPOTHERMICS ARE DIVIDED INTO THE FOLLOWING THREE (3)
CATEGORIES, DEPENDING ON THE DEGREE OF INJURY.

1. CATEGORY ONE

INJURED INDIVIDUALS ARE CONSCIOUS, BUT COLD, WITH A
RECTAL TEMPERATURE ABOVE 90 DEGREES FAHRENHEIT (°F).
THESE INDIVIDUALS SHALL BE HANDLED CAREFULLY, INSULATED
AND TRANSPORTED TO MEDICAL CARE.

2. CATEGORY TWO

INJURED INDIVIDUALS ARE UNCONSCIOUS AND WITH A RECTAL
TEMPERATURE OF 90°F OR BELOW. THESE INDIVIDUALS SHALL BE
HANDLED CAREFULLY AND INSULATED FROM FURTHER HEAT LOSS.
THE INDIVIDUAL SHALL BE TRANSPORTED TO THE UNIT MEDICAL
DEPARTMENT FOR ADDITIONAL CARE.

3. CATEGORY THREE

INJURED INDIVIDUALS ARE COMATOSE WITH NO PALPABLE PULSE
AND NO VISIBLE RESPIRATION. ALTHOUGH THESE INDIVIDUALS
APPEAR TO BE DECEASED, THE INJURED INDIVIDUAL MAY HAVE A
SLIGHT CHANCE OF RECOVERY IF THE RECTAL TEMPERATURE IS
60-8°F OR HIGHER. IF POSSIBLE, MEDICAL STAFF SHALL
PROCEED AS FOLLOWS:

A. APPLY POSITIVE PRESSURE VENTILATION WITH OXYGEN.

B. JUDGE THE POSSIBILITY OF ADMINISTERING SUCCESSFUL
CARDIOPULMONARY RESUSCITATION (CPR). CONSIDERATION
SHALL BE GIVEN TO THE FOLLOWING PRIOR TO
ADMINISTERING CPR:

(1) THE DIFFICULTY IN VERIFYING THAT THE HEART HAS
STOPPED WITHOUT MEDICAL EQUIPMENT.

(2) THE COMPLEXITY OF RESCUES TO ADMINISTER
PROPER CPR.

1. IN THE EVENT OF A CATEGORY ONE OR TWO INJURY,

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ADDENDUM 4- YEM EXTREMES IN TROU (REV. 6)

(5) CONTINUING CIRCUMSTANCES BY COMPRESSIONS A COLD, STIFF CHEST AND HEART MUSCLE IS UNLIKELY.

C. THE INJURED INDIVIDUAL SHALL BE INSURED AND TRANSPORTED TO A MEDICAL CARE FACILITY.

III. EXTREME HEAT CONDITIONS

A. DETERMINATION

1. GUIDELINES ASSISTING THE WARDEN IN MAKING THE DETERMINATION CAN BE FOUND IN THE HEAT AND HUMIDITY MATRIX. WEATHER CONDITIONS REPORTED BY INSTRUMENTS OF THE UNIT/TICKET OR REPORTS BY THE LOCAL NEWS MEDIA SHALL BE USED CONFIRMING SPECIFIC TEMPERATURE AND HUMIDITY CONDITIONS. WHEN THE TEMPERATURE IS OVER 85°F, THE WARDEN SHALL USE THE HEAT AND HUMIDITY MATRIX TO DETERMINE THE HEAT INDEX. THE HEAT INDEX SHALL BE USED AS AN INDICATOR OF THE RISK FOR HEAT-RELATED INJURY.
2. AT ANY POINT WHEN THE HEAT AND HUMIDITY MATRIX INDICATES THE POSSIBILITY OF HEAT EXHAUSTION OR HEATSTROKE, THE WARDEN SHALL INSTRUCT THE APPROPRIATE STAFF TO IMMEDIATELY INITIATE THE PRECAUTIONARY MEASURES IDENTIFIED IN THE HEAT AND HUMIDITY MATRIX.
3. IF GUIDANCE IS NEEDED, MEDICAL STAFF SHALL BE CONTACTED PRIOR TO EXPOSING OFFENDERS TO EXTREMELY HOT WORKING CONDITIONS TO EVALUATE THE HAZARDS OF THE CURRENT TEMPERATURES AND HUMIDITY, INCLUDING INDOOR WORK AREAS (E.G., BOILER ROOM). THE HAZARD OF SUNBURN AND OTHER RESULTS OF ULTRAVIOLET (UV) RADIATION SHALL ALSO BE CLOSELY MONITORED.
4. OFFENDERS SHALL BE PROVIDED AND REQUIRED TO WEAR CLOTHING APPROPRIATE FOR THE EFFECTIVE TEMPERATURES AND THE HAZARDS IMPOSED BY UV RADIATION (E.G., LIGHT-COLORED HATS CAN BE USED TO AN ADVANTAGE IN HIGH HEAT AND DIRECT SUNLIGHT).
5. DRINKING WATER SHALL ALWAYS BE AVAILABLE TO OFFENDERS IN CONDITIONS OF HOT WEATHER. ACCORDING TO INDIVIDUAL MEDICAL ADVICE, LIQUIDS CONTAINING SODIUM MAY BE USED DEPENDING ON AN OFFENDER'S STATE OF ACCLIMATIZATION TO HOT WEATHER CONDITIONS.
6. NEWLY ASSIGNED OFFENDERS, WHO MAY NOT BE ACCLIMATED TO THE HEAT, SHALL BE MEDICALLY EVALUATED PRIOR TO EXPOSURE TO SIGNIFICANT HEAT STRESS AND CLOSELY MONITORED BY SUPERVISORS FOR EARLY EVIDENCE OF HEAT INTOLERANCE.
7. HIGH WATER INTAKE, ACCORDING TO THE HEAT AND HUMIDITY MATRIX, SHALL BE ENFORCED.
8. OFFENDERS UNDER TREATMENT WITH DIURETICS OR DRUGS INHIBITING SWEAT

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ASSOCIATE TEMP EXTREMES IN IDCU (REF. 6)

A. DIMINISHED OR ABSENT PERSPIRATION (SWEATING);

B. HOT, DRY AND FLUSHED SKIN; AND

C. INCREASED BODY TEMPERATURES, WHICH IF UNCONTROLLED MAY LEAD TO DELIRIUM, CONVULSIONS AND EVEN DEATH. MEDICAL CARE IS URGENTLY NEEDED.

2. HEAT CRAMP SYMPTOMS INCLUDE:

A. PAINFUL, INTERMITTENT SPASMS OF THE VOLUNTARY MUSCLES FOLLOWING HARD PHYSICAL WORK IN A HOT ENVIRONMENT; AND

B. CRAMPS USUALLY OCCURRING AFTER HEAVY PERSPIRING, AND OFTEN BEGINNING AT THE END OF A WORK SHIFT.

3. HEAT EXHAUSTION SYMPTOMS INCLUDE:

A. PROFUSE PERSPIRING, WEAKNESS, RAPID PULSE, DIZZINESS AND HEADACHES;

B. COOL SKIN, SOMETIMES PALE AND CLAMMY, WITH PERSPIRATION;

C. NORMAL OR SUBNORMAL BODY TEMPERATURE; AND

D. NAUSEA, VOMITING AND UNCONSCIOUSNESS MAY OCCUR.

IV. EMERGENCY TREATMENT:

A. IN ALL CASES OF TEMPERATURE-RELATED INCIDENTS OR INJURIES:

1. THE FIRST AID PROCESS SHALL BE INITIATED IMMEDIATELY BY SECURITY OR OTHER UNIT STAFF.

2. MEDICAL STAFF AND THE UNIT RISK MANAGER SHALL BE NOTIFIED IMMEDIATELY.

B. IN EXTREME COLD CONDITIONS, STAFF SHALL:

1. BRING THE INJURED OFFENDER OUT OF THE COLD AND REMOVE WET CLOTHING;

2. WRAP THE INJURED OFFENDER IN WARM BLANKETS OR CLOTHING

3. IF EXPOSURE EXISTS, GENTLY HEAT THE AFFECTED AREA WITH WARM WATER OR WARM TOWELS. DO NOT RUB THE AFFECTED AREA. A HEATING PAD OR HOT WATER BOTTLES MAY ALSO BE USED TO TREAT THE AFFECTED AREA.

4. CONTINUE THE TREATMENT UPON ARRIVAL AT THE CLIC OR WHEN THE OFFENDER IS DELIVERED TO MEDICAL STAFF'S CARE;

5. APPLY THE "ABC" OF LIFE SUPPORT (OPEN AIRWAY, ASSIST BREATHING AND RESPIRATION).

6. IF COLD INJURY IS SUSTAINED, THE FOLLOWING FIRST AID

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REMOVAL FROM COLD WEATHER IS ESSENTIAL

MINIMUM 10

WINDSPEED- WINDSPEEDS IN DEPT. (REV. 6)

- B. REMOVE ALL CONDUCTIVE ITEMS OF CLOTHING AND FOOTWEAR FROM INJURED AREAS;
- C. REMOVE ALL CLOTHING AND INSULATE THE OFFENDER WITH DRY CLOTHING AND BLANKETS, ENSURING THE INJURED AREA IS COVERED;
- D. DO NOT RUPTURE BUBBLERS;
- E. ENCOURAGE CONSUMPTION OF WARM, SWEETENED LIQUIDS;
- F. IF A LOWER EXTREMITY IS AFFECTED, TREAT AS A STRETCHER PATIENT BY SLIGHTLY ELEVATING THE AFFECTED LOWER EXTREMITY;
- G. IF EVACUATION FROM COLD REQUIRES TRAVEL ON FOOT, DO NOT THAW THE AFFECTED AREA UNTIL THE OFFENDER REACHES MEDICAL HELP; AND
- H. TRANSPORT THE OFFENDER TO MEDICAL CARE AS SOON AS POSSIBLE.

C. IN EXTREME HEAT CONDITIONS, STAFF SHALL:

1. IMMEDIATELY BEGIN AN ATTEMPT TO DECREASE THE OFFENDER'S TEMPERATURE BY PLACING THE OFFENDER IN A COOL AREA;
2. ONLY FORCE ORAL FLUID INTAKE IF THE OFFENDER IS CONSCIOUS AND ABLE TO SAFELY SWALLOW;
3. REMOVE HEAVY CLOTHING OR EXCESS LAYERS OF CLOTHING; SATURATE REMAINING LIGHTWEIGHT CLOTHING WITH WATER. POSITION THE OFFENDER IN THE SHADE WITH AIR MOVEMENT PAST THE OFFENDER. FAN THE OFFENDER IF NECESSARY TO CREATE AIR MOVEMENT;
4. IF ICE IS AVAILABLE, PLACE ICE PACKS IN ARMPIT AND GROIN AREAS;
5. TAKE ALL OF THESE MEASURES WHILE MOVING THE OFFENDER IN THE MOST EXPEDITIOUS MEANS AVAILABLE TO CONTINUE WITH AND OBTAIN PROPER MEDICAL TREATMENT; AND
6. ENSURE, WHENEVER MEDICAL STAFF ARE ON-SITE, TO CONTINUE TREATMENT AS DIRECTED BY THE PHYSICIAN OR MEDICAL STAFF.

V. TRAINING

- A. EACH WARDEN SHALL ENSURE TRAINING IN THE PREVENTION OF TEMPERATURE EXTREME INJURY IS PROVIDED BY UNIT MEDICAL STAFF TO ALL SUPERVISED PERSONNEL BY THE WARDEN. COLD TRAINING SHALL BE COMPLETED IN SEPTEMBER, AND HEAT TRAINING SHALL BE COMPLETED IN MAY OF EACH YEAR.

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1. SUPERVISORS SHALL BE RESPONSIBLE FOR MONITORING

CE/TDPM/10 AD1044- TEMP EXTREMES IN TDCJ (REV. 6)

- B. A COPY OF ALL TRAINING ROSTERS SHALL BE PROVIDED TO THE UNIT RISK MANAGER AND HUMAN RESOURCES REPRESENTATIVE (STAFF TRAINING). THE UNIT RISK MANAGER SHALL FORWARD A COPY OF THE TRAINING ROSTER TO THE RESPECTIVE REGIONAL RISK MANAGER. THE REGIONAL RISK MANAGER SHALL FORWARD THE TOTAL NUMBER OF EMPLOYEES AND OFFENDERS TRAINED TO THE RISK MANAGEMENT CENTRAL OFFICE.
- C. A STANDARDIZED TRAINING PROGRAM SHALL BE DEVELOPED BY THE TDCJ DEPARTMENT OF PREVENTIVE MEDICINE IN CONJUNCTION WITH THE UNIVERSITY OF TEXAS MEDICAL BRANCH (UTMB) DEPARTMENT OF EDUCATION AND PROFESSIONAL DEVELOPMENT.
1. THE INITIAL EXTREME TEMPERATURE CONDITIONS TRAINING IS PROVIDED IN THE PRE-SERVICE TRAINING SESSIONS, AND ADDITIONAL TRAINING SHALL BE PROVIDED IN ANNUAL IN-SERVICE TRAINING SESSIONS.
 2. THE TRAINING IS GIVEN IN A GROUP SETTING.
 3. ALL UNITS ARE RESPONSIBLE FOR CONDUCTING AN ANNUAL STANDARDIZED TRAINING PROGRAM UTILIZING UNIT-BASED MEDICAL STAFF.
 4. REQUESTS FOR SELECTED UNIT TRAINING SHALL BE SUBMITTED TO THE DIRECTOR FOR PREVENTIVE MEDICINE.

DRAW LIVINGSTON
EXECUTIVE DIRECTOR

END AD-10.64 (REV. 6)

CONTACT THE ADMINISTRATIVE REVIEW AND RISK MANAGEMENT DIVISION FOR ATTACHMENTS A, B, AND C.

**Texas Department of Criminal Justice
NOTIFICATION OF EMPLOYEE HEARING**

OIG # _____
MAUF/MIUF# _____
EEO# _____

DATE: 09/15/11 EMPLOYEE NAME: Dodd, Revoyda SSN: [REDACTED]

UNIT/DEPT.: Joe F. Gurney Unit PAYROLL JOB TITLE: CO IV

You are scheduled for an Employee Hearing to be held

☒ in person ☐ telephonically ☐ via videoconference at Wardens Office at 4.15 on 09/16/2011
(Location) (am/pm) (mm/dd/yyyy)

The purpose of the Employee Hearing is to consider allegations that you committed the following rule violation(s) as referenced in the Listing of Employee General Rules of Conduct and Disciplinary Violations.

No. L2 # 20 Violation: Violation of Statutory Authority/Court Order/Rules/Regulations/Policies
No. _____ Violation: _____
No. _____ Violation: _____

Synopsis of Incident(s): On 08/13/11 CO IV Revoyda Dodd received reports from offenders assigned to B3-Dorm of Offender Kenneth #1726849 being ill and possibly urinating on himself. Officer Dodd observed offender James and notified Sergeant Wergeant Seda. When Wergeant Seda did not respond, she took no further action such as initiating first-aid procedures or contacting a Lieutenant to obtain assistance. The incident, which was the eventual death of offender James was reported as I-11520-08-11.

The hearing shall be conducted in accordance with the PERS 560, Guidelines for Employee Hearings and a copy of these guidelines is being provided to you. These guidelines provide information relating to scheduling extensions, representatives, witnesses and other related matters.

I ☒ do ☐ do not wish to appear at the Employee Hearing. I understand my failure to appear may constitute a waiver of the right to an Employee Hearing, and the Employee Hearing may be conducted in absentia.

☐ I wish to waive the 24-hour Notice of Employee Hearing. I understand the Reprimanding Authority or designee may reschedule the hearing to be held earlier than the date and time indicated above. If I have indicated that I wish to appear at the Employee Hearing, I shall be notified in writing of the rescheduled time and date prior to the hearing.

☒ I do not wish to waive the 24-hour Notice of Employee Hearing.

Today's Date: 09/16/2011 If Notified in Person, Time Notified: 9.53 ☒ A.M. ☐ P.M.

Revoyda Dodd
Employee Signature

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the Agency collects about you; and (2) under Texas Government Code §§552.021 and 552.023, to receive and review the collected information. Under Texas Government Code §559.006 you are also entitled to request, in accordance with the Agency's procedures, that incorrect information the Agency has collected about you be corrected.

Notification of Rescheduled Employee Hearing:

The Reprimanding Authority or designee has rescheduled the hearing to be held at a different date and time than indicated above. (If later, and outside the applicable scheduling time frame, attach justification.)

The rescheduled hearing shall be held at: _____ at _____ on _____
(Location) (am/pm) (mm/dd/yyyy) (Employee Initials/Date & Time [am/pm])

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PERS 184 (01/09)

**Texas Department of Criminal Justice
GUIDELINES FOR EMPLOYEE HEARINGS**

Employee Name: Dodd Revovda
Last First MI

SSN: [REDACTED]

1. Request for an Extension: If you are on approved sick leave at the time the PERS 184, Notification of Employee Hearing was provided to you, you may make a one-time request for the Employee Hearing date to be rescheduled within 60 calendar days. This request shall be made within 48 hours of receipt of this form, made in writing or made verbally with a written follow-up. You must state the specific reason an extension is necessary. The Reprimanding Authority may deny the request; however, the Reprimanding Authority shall provide you with a written explanation for denying the request.
2. Presenting Your Defense and Use of a Representative: During the Employee Hearing, you may elect to speak for yourself or be represented at the Employee Hearing by a designee of your choice, as long as your representative: (1) does not have the right to strike; and (2) is not an individual under the supervision, custody or incarceration of the TDCJ. The designation of a representative does not prohibit you from: (1) attending or having input into the Employee Hearing; or (2) responding to questions from the Reprimanding Authority or designee, or your designated representative.
 - a. An Employee Hearing is administrative in nature and is not subject to common law or statutory rules of evidence. Objections at the Employee Hearing by you or your representative shall be limited to Agency policy and procedural issues that pertain to the Employee Hearing.
 - b. At the beginning of the Employee Hearing, you must specify whether your representative is the party responsible for presenting your defense. Both you and your representative may provide information to the Reprimanding Authority for consideration. However, only one (1) person may be designated as the party responsible for presenting your defense, and only one (1) person may speak at a time. Regardless of the party responsible for presenting your defense, you and your representative shall be allowed to have quiet conversations regarding information that may be provided to the Reprimanding Authority.
3. Witnesses on Your Behalf: You may elect to have witnesses with first-hand knowledge of the events under review to give testimony on your behalf. The Agency is under no obligation to interview or consider testimony from character witnesses or witnesses with "hearsay" information. Prior to the hearing, it is your responsibility to: (1) obtain statements from witnesses for presentation at the Employee Hearing; (2) provide any written questions for witnesses to the Reprimanding Authority; or (3) arrange for witnesses to be available to present testimony during the hearing at the Reprimanding Authority's discretion. If you provide written questions, the Reprimanding Authority or designee is not required to ask these questions. If the Reprimanding Authority elects to ask the witnesses these questions, this may occur prior to or after the Employee Hearing. If witnesses are available to appear in person at the Employee Hearing, the Reprimanding Authority has the discretion to determine whether the witnesses are questioned. Witnesses who are available to appear on the employee's behalf shall be available at no expense to the Agency other than the recording of such time as time needed.
4. Witnesses Appearing on Behalf of the Reprimanding Authority: At the Reprimanding Authority's discretion, you may be allowed to ask questions of a person(s) who appears at the Employee Hearing as a witness(es) against you.
5. Conduct by Participants: All parties, including your representative, shall conduct themselves in a professional manner and afford the persons present due respect. Only one (1) reminder of the conduct expected at the Employee Hearing may be issued. The offending party may be required to leave the proceedings if conduct that is contradictory to these guidelines continues. If you or your representative leaves during the proceedings, the Employee Hearing may be conducted and concluded in your or your representative's absence.
6. Recording of an Employee Hearing: Audio taping, video taping or verbatim written recording of an Employee Hearing is not permitted. Note taking is permissible.
7. Americans with Disabilities Act (ADA) Accommodation: You may notify the TDCJ ADA Coordinator, Human Resources Division, if you require an accommodation.

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PERS 560 (01/09)

Page 1 of 2

8. Time Reporting/Expenses:
- Your attendance at the Employee Hearing or attendance by an employee acting as a witness shall be considered official business, and you and any employee acting as a witness shall be released by the supervisor on paid time during working hours. You and any employee acting as a witness are required to provide sufficient advance notice to the supervisor to ensure adequate staffing.
 - There is no authority for the Agency to pay compensation to or reimburse the expenses of a representative, whether the representative is a state employee or an individual from outside state service. Appearance as a representative at an Employee Hearing shall not be considered official business. If an employee acting as a representative attends an Employee Hearing held during working hours, that employee must obtain prior approval to use accrued leave. If accrued leave is not available, leave without pay to attend the Employee Hearing.
9. Copies of Investigative Files: At the time of this notification, you were provided a copy of the applicable preliminary investigation report along with support documentation that is subject to disclosure and being used as evidence. In order to obtain copies of evidence that is not subject to disclosure (e.g., confidential portions of OIG and EEO reports), you must request the documents in writing through a Public Information request. The request shall be processed in accordance with the rules governing a Public Information request, and the requested documents may not be available before the Employee Hearing.
10. Dismissal Recommended: If the Employee Hearing results in a dismissal recommendation, you shall have the opportunity to request independent dismissal mediation in accordance with PD-35, "Independent Dismissal Mediation and Resolution."
11. Grievance: You may submit a grievance in accordance with PD-30, "Employee Grievance Procedures" relating to disciplinary action after it has been imposed.

Renee A. Dodd
Employee/Signature

9.16.11
(mm/dd/yyyy)

Texas Department of Criminal Justice
EMPLOYEE OFFENSE AND PRE-HEARING INVESTIGATION REPORT

Purpose: This form shall be used to record alleged violations of rules or regulations by employees. It shall also serve as a pre-hearing investigation report. If additional space is needed for any portion of this report, a continuation sheet may be attached.

I. To be completed by the Charging Official:

Employee Name: Dodd Revoyda SSN: _____
Last First MI

Payroll _____ Date(s) of _____
Job Title: Correctional Officer IV Incident(s): August 13, 2011
(mm/dd/yyyy)

Description of employee's specific conduct (do not reference Rule No. or describe the rule): On August 13, 2011, Correctional Officer IV Revoyda Dodd received reports from offenders assigned to B3-Dorm of offender James, Kenneth #1726849 being ill and possibly urinating on himself. Officer Dodd observed offender James and notified Sergeant Matthew Seda; however, when Sergeant Seda did not respond, she took no further action such as initiating first-aid procedures or contacting a lieutenant to obtain assistance. The incident, which was the eventual death of offender James, was reported as I-11521-08-11. See attached IOC for additional information.

The employee's conduct may be a violation of Rule No.: #20 - Violation of Policy

Ricky Minton, Lieutenant [Signature] September 14, 2011
Charging Official Name/Title (print) Signature Date

II. Employee's Statement: The pre-hearing investigator shall obtain an employee's statement even when a Use of Force (UOF) Fact-Finding Inquiry, Risk Management Incident Review Board or Office of the Inspector General (OIG) investigation has been conducted. I, Revoyda Dodd have already

submitted a statement, (see attached page)

Employee's Signature: Revoyda Dodd Date: 9.14.11

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the Agency collects about you; and (2) under Texas Government Code §§552.021 and 552.023, to receive and review the collected information. Under Texas Government Code §559.004 you are also entitled to request, in accordance with the Agency's procedures, that incorrect information the Agency has collected about you be corrected. Copy of OIG case to Litigation Support on 04.19.2013 by ce.
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PERS 325 (01/09)

**Texas Department of Criminal Justice
EMPLOYEE OFFENSE AND PRE-HEARING INVESTIGATION REPORT**

IV. Pre-Hearing Investigator's Review/Recommendation:

An Employee Pre-Hearing Investigation Report (i.e., EPHIR) was conducted on 14 September 2011 regarding Officer Dodd's failure to respond in a timely manner to an offender medical emergency (offender James #1726849 [heat extreme related symptoms]) that resulted in death. The EPHIR relied on statement(s) submitted by staff, the Incident Report #I-11520-08-11, and Officer Dodd's Employee Statement from Section II. of the EPHIR.

Officer Dodd initially informed Sgt. Seda that offender James #1726849 was reported to be displaying symptoms of dizziness and disorientation. A time period of over one hour elapsed without Sgt. Seda responding. Officer Dodd did not make follow-up contact with Sgt. Seda or other supervisory staff available on the unit. Also, Officer Dodd failed to check on the offender during this time period or offer first aid assistance as required by Agency Policy (AD-10.64 [rev. 6]).

Based on statements provided by staff, Incident Report #I-11520-08-11, and Officer Dodd's employee statement, the Pre-Hearing Authority recommends disciplinary action for the following violation of Agency Policy:

PD-22, Rule #20, Violation of Statutory Authority/Rule, Level 2.

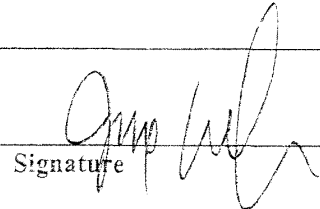
III. Witnesses: See attached.

IV. Pre-Hearing Investigator's Review/Recommendation:

Employee Hearing: ☒ Yes ☐ No If Yes, Alleged Rule Violation No(s): _____

Comments: _____

(See attached)

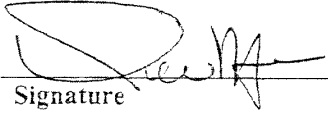
Jesse Wicks, Asst. Warden  9/14/11
Investigator's Name/Title (print) Signature Date

V. Reprimanding Authority's Action:

☒ Proceed to Employee Hearing Alleged Rule Violation No(s): 20

☐ No Employee Hearing and no action taken

☐ No Employee Hearing and other action taken (e.g., dispute resolution, training). Attach explanation of action taken.

Dennis Miller Wood  9/15/11
Reprimanding Authority's Name/Title (print) Signature Date



Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To	<u>Reprimanding Authority</u> Joe F. Gurney Transfer Facility	Date	<u>September 14, 2011</u>
From	<u>Ricky Minton, Lieutenant</u> <i>RM</i> Joe F. Gurney Transfer Facility	Subject	<u>Employee Offense Report:</u> Officer Revoyda Dodd, CO IV

On August 13, 2011 at 0416 hours, offender James, Kenneth #1726849 was pronounced deceased by Medical Doctor Heidi Knowles at Palestine Regional Medical Center. The death of offender James was reported as incident number I-11520-08-11 and an Administrative Review was conducted according to agency policy. During the Administrative Review, it was determined that Correctional Officer V Revoyda Dodd violated agency policy as it relates to the subsequent response to the incident once it became known to security staff that offender James was in distress and may need medical attention.

On August 13 at approximately 0015 hours, while conducting a count in B3-Dorm, Officer Dodd was approached by unknown offenders in the area of B3-23 bunk, the assigned housing for offender James, and advised that offender James had urinated on himself. Officer Dodd reported that she observed offender James in his assigned bunk and that he "was restless and moving around in his bunk." She then completed her count on the remaining housing areas on the building; however, returned to B3-Dorm due to multiple offenders not being properly dressed in the dayroom; however, did not make any observations or attempt to assist offender James while in the area. Shortly afterwards, Officer Dodd observed offender James as he was exiting the restroom area. She reported that, while he was walking, he "bumped into the wall of the restroom, urinal and began to stumble." After conferring with Correctional Officer V Doris Edwards, also assigned to the housing area,

Officer Dodd reported to Sergeant Matthew Seda the reports she received from offenders and her observations of offender James. Sergeant Seda indicated that he would report to her building at the conclusion of the unit count; however, never did so. Officer Dodd, other than observing the offender while he was lying in his assigned bunk, took no further action, did not initiate any first-aid procedures, nor did she contact another supervisor when it was apparent that Sergeant Seda was not reporting to her building to investigate her report.

At approximately 0235 hours, offender James was escorted to the unit medical department and eventually to Palestine Regional Medical Center where he was pronounced dead by Medical Doctor Heidi Knowles.

AD-10.64 (rev. 6) *Temperature Extremes in the TDCJ Workplace*, section IV.A reads:

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September 14, 2011

Employee Offense Report: Officer Revoyda Dodd, CO IV

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"In all cases of temperature related incidents or injuries: (1) The first aid process shall be initiated immediately by security or other unit staff. (2) Medical staff and the unit risk manager shall be notified immediately."

On May 19, 2011, Officer Dodd acknowledged by her signature that she was trained on AD-10.64 (rev. 6) and the dangers of extreme temperatures to include the warning signs of heat exhaustion and the appropriate response to heat related injuries. *See Employee Training Acknowledgement Form, May 19, 2011. Also, see copy of AD-10.64 (rev. 6) Temperature Extremes in TDCJ Workplace.*

Further, Officer Dodd was aware of the symptoms of heat related illnesses and is required to maintain in her possession at all times while working, a heat related illness card to guide her with this concern. That card lists the symptoms of heat illness which consist of, in part, loss of coordination which is one of the symptoms she reported to have observed during her dealings with offender James. *See heat illness card.*

While true that it may be impossible to say with any degree of certainty that a more immediate response would have resulted in offender James' survival, it is equally impossible to say that a more immediate response would have not resulted in his survival.

Officer Dodd, by failing to immediately initiate first aid procedures for offender James was in violation of PD-22 *General Rules of Conduct for Employees*, specifically:

Rule No. 20: Violation of Statutory Authority/Court Order/Rules/Regulations/Policies:

It is the employee's responsibility to know, have a clear understanding of and comply with rules, regulations, policies, court orders and statutory authority governing the operation of the Agency. Not being aware of the existence of any of the aforementioned is not a defense for violation of the same.

The specific policy violated in this case, as stated, was the failure to immediately initiate the first aid process for offender James.

This report is submitted to the unit reprimanding authority for review and disposition as appropriate.



Ricky Minton, Lieutenant
Joe F. Gurney Transfer Facility

Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To Lieutenant Toby Whitfield Date August 13, 2011
From Revoyda Dodd, COIV Subject Offender James, Kenneth #1726849

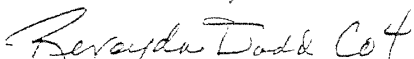
At approximately 2200 hours I, Revoyda Dodd COIV reported to my assigned duty post on B1-building as the control picket officer. At approximately 0015 hours I was conducting a bed book count in B3-dormitory. When I arrived around B323 bunk, the offenders around 23-bunk, informed me that offender James, Kenneth #1726849 had urinated on himself. I approached B3-23 bunk and identified him by his TDCJ-ID card for the purpose of the bed book count.

The offender was lying in his assigned bunk. The offender was restless and was moving around in his bunk. I did not notice any urine on the offender at this time. I completed my bed book count for the rest of the building and before returned to the control picket I went back into B3-dormitory due to several offenders not being properly dressed in the dayroom. Shortly afterwards, I was in the control picket and noticed offender James sitting on the toilet in the restroom area. I then observed the offender leaving the restroom area. While he was walking, he bumped into the wall of the restroom, urinal and began to stumble. The offender made it back to his living area and fell into his bunk. I asked Officer Doris Edwards if she seen what the offender did. I notified Sergeant Matthew Seda that the offender appeared to be drunk or on some kind of medication.

I went on with my normal duties in the control picket and continued to monitor offender activity in the dorm.

When Officer Glorie Harris came into the building, she noticed the offender in the dayroom and called Lieutenant Toby Whitfield on the radio. The offender was standing in the dayroom and would not respond to her questions. Shortly afterwards, Sergeant Tully Flowers, Sergeant Seda, Officers Ronald Burt COV, Kenneth Mangan COV and Torrance Stephens COV arrived on the building with a wheelchair. The offender was placed in the wheelchair and transported out of the building.

I then returned to my normal duties.


Revoyda Dodd, COIV
Joe F. Gurney Transfer Facility

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SO-4

Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To Lieutenant Toby Whitfield Date August 13, 2011
From Doris Edwards, COV Subject Offender James, Kenneth #1726849

At approximately 1800 hours I, Officer Doris Edwards COV was assigned to the control picket of B1-building. When I arrived on the Officer Brandon Matthews was in the control picket. I began to inventory the equipment on the building. At no time while first shift officers were on the building was I notified of any offenders being ill.

Until the special bed book count, at no time did I observe offender James, Kenneth #1726849 in any kind of distress.

At approximately 0005 hours, I conducted the count on B1-building. When I entered B3-dormitory, the offender in the dorm told me that offender James was in his bed and urinated on himself. When I went over to his bunk, the offender didn't say anything about urinating on himself. When I looked at him, he looked back at me. He did not look to be in distress at this time.

While Officer Revoyda Dodd COIV was conducting the bed book count, I observed the offender go to the restroom area and back to his bunk area. He appeared to be dizzy while he was walking, he was wobbling back and forth as he was walking. Offenders in the housing area came up to the intercom and told me that offender James was sick.

While I was calling in the count, I notified Sergeant Matthew Seda and he informed me to keep an eye on the offender.

After Sergeant Seda told me to watch the offender, I did not notice any more abnormal behavior from the offender.

Shortly afterwards, Officer Glorie Harris COIV entered the building after coming in from the outside perimeter picket. I notified her that other offenders in the dorm stated that offender James had urinated by his bunk and was not urinating in the urinal.

At approximately 0200 hours, I exited the building to assist with other activities that were taking place on the unit.

At approximately 0240 hours, I was on the main hallway when Officer Torrance Stephens COV was pushing offender James in a wheelchair toward the unit infirmary. The offender was sitting up.

I remained on the main hallway.

Doris Edwards COV
Doris Edwards, COV
Joe F. Gurney Transfer Facility

SO-4

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Texas Department of Criminal Justice
CORRECTIONAL INSTITUTIONS DIVISION

Inter-Office Communications

To Toby Whitfield, Lieutenant Date August 13, 2011
Joe F. Gurney Transfer Facility

From Matthew Seda, Sergeant MS Subject I-11520-08-11
Joe F. Gurney Transfer Facility

On August 13, 2011 at approximately 0020hours, I, Sergeant Matthew Seda, was in the Building Lieutenant's Office assisting with the unit count. This was a bed book count which required that I assist by verifying the first count sheets that are turned in and then conducting a thorough check of the bed book rosters to ensure that all offenders were accurately accounted for in my area of assignment, the West End of the facility.

During this count, Officer Doris Edwards, CO V called and notified me that an offender on B1-Building, later identified as offender James, Kenneth #1726849, appeared dizzy and may have urinated on himself. After verifying that the offender was in a secured area, I instructed Officer Edwards to maintain a visual on the offender and that I would respond when able. If the situation warranted a more immediate response that she was to let me know.

After talking to her, Officer Robert Tatum, CO IV entered the Building Lieutenant's Office accompanied by an offender who works for him in the Food Service Department, and reported that he had injuries consistent with having been involved in a recent physical altercation.

Immediately after the report by Officer Tatum, Officer Revoyda Dodd, CO IV, while calling in her count, notified me of similar behavior of offender James and was provided the same instructions.

Officer Edwards and Officer Dodd were instructed to notify me if the situation required an immediate response.

During this time, Sergeant Tully Flowers was also assisting with the unit count, conducting the same verifications of count sheets for the East End of the facility.

At 0035 hours, the unit count cleared. Upon exiting the Building Lieutenant's Office, I encountered the offender that was involved in the physical altercation on A1-Building and began questioning him regarding the circumstances and identity of the other assailant involved in the physical altercation. I then proceeded to A1-Building to investigate further and identify the other involved offender. In doing so, I forgot about the previous report involving offender James on B1-Building.

At approximately 0235 hours, the other participant in the physical altercation was identified and was being escorted from the building when Lieutenant Toby Whitfield, via radio, alerted staff that a wheelchair was needed on B1-Building. Along with Sgt. Flowers, I proceeded to B1-Building where,

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August 13, 2011
 Lt. Toby Whitfield
 I-11520-08-11

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upon arrival, I found offender James in the dayroom area of B3-Dorm standing next to the benches. Upon entering B3-Dorm and making contact with offender James, he kneeled to his knees. Officer Ronald Burt, CO V entered the building followed shortly afterwards by Officer Torrance Stephens, CO V and Officer Kenneth Mangan, CO IV with a wheelchair. Officer Burt and Officer Stephens assisted offender James into the wheelchair and he was moved to the Gurney Unit Medical Department.

Once in the medical department, Sgt. Flowers contacted on-call medical staff at the Beto Unit, due to no on-site medical. Sgt. Flowers stated that he was instructed by Licensed Vocational Nurse Linda McKnight to obtain the offenders vitals. Officer Burt, on Sgt. Flower's instructions, obtained the vitals and reported a temperature of 108 and blood pressure of 89/57. Sgt. Flowers then stated that LVN McKnight had requested that offender James be transported to her location for examination. As offender James was being prepared for transport, he bent over in the wheelchair and became unresponsive. Lt. Whitfield was immediately notified who immediately requested that Central Control request Emergency Medical Services by 9-1-1. Lt. Whitfield reported to the medical department and instructed me to place offender James on a gurney in the emergency room. Officer Stephens moved offender James, by pushing the wheelchair, into the emergency room where I, Lt. Whitfield, and Officer Vincent McKnight, CO V lifted the offender from the wheelchair and placed him on the gurney.

While offender James was on the gurney, his eyes were open but he appeared disoriented. He was taking shallow breaths and, upon checking, Lt. Whitfield indicated that offender James did have a pulse. As a result, Cardiopulmonary Resuscitation was not initiated and offender James was closely monitored until arrival of EMS.

Lt. Whitfield instructed me to notify Warden Dennis Miller of the off-unit transport by EMS; Warden Miller was notified at 0305 hours.

At approximately 0320 hours, EMS arrived and began evaluating offender James' condition. After connecting their equipment which required affixing adhesive pads to offender James' upper body, the EMS requested assistance in moving offender James to their gurney, with Lt. Whitfield assisting in the process. EMS personnel then moved offender James to the ambulance where he was placed inside. One of the EMS personnel requested assistance from an officer. Officer McKnight entered the ambulance and was provided a breathing bag by EMS personnel and, upon instruction, began pumping air into offender James lungs. EMS personnel would stop Officer McKnight's actions in increments so that a tube could be inserted into his mouth, to no avail.

The ambulance remained at the back door of the medical department for several minutes. At 0338 hours the ambulance departs the unit.

Lt. Whitfield instructed me, along with Officer Burt, to go to Palestine Regional Medical Center ("PRMC") via unit van. At 0405 hours, we arrived at PRMC, where offender James was placed in Exam Room #1. PRMC medical staff began life saving measures and at 0410 hours, report offender James has a pulse.

At 0416 hours, Doctor Heidi Knowles pronounced offender James deceased. I immediately notified Lt. Whitfield and am instructed to remain on the scene until the coroner arrives on 04192013 by ed.

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August 13, 2011
Lt. Toby Whitfield
I-11520-08-11

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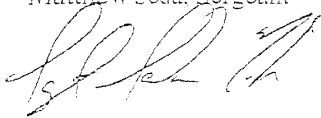
At 0500 hours, Precinct #4 Justice of the Peace James Todd arrived and began his documentation. At 0511 hours, Investigator Mark Owens of the Office of the Inspector General arrived and began his report and obtained photographs. They leave shortly after their arrival.

At approximately 0530 hours, Officer McKnight and Officer Burt depart PRMC enroute back to the facility.

I remained with the remains until Officer John Crawford, CO V relieved me at 0700 hours, at which time; I obtained a total of six (6) digital photos of the offender.

I then returned to the Gurney Unit to provide a statement of my actions in this incident.

Matthew Seda, Sergeant



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